CYF Registration Fees

Our CYF registration fee covers the cost of materials and activities in class and the cost of using the facilities during the school year. As we adopt the discipleship model at Sacred Heart of Jesus, we recognize that every parishioner and family has a unique gift or talent to add in our parish life. We share our way of life here at Sacred Heart.

**The registration fee for Sacred Heart of Jesus parishioners is as follows:**

|  |  |
| --- | --- |
| **Number of Children in CYF** | **Fee Amount** |
| **1 Child** | **$70** |
| **2 Children** | **$120** |
| **3 or more Children** | **$135** |
|  | |

For grandfathered non-parishioners who desire to enroll their children in CYF at Sacred Heart of Jesus:

|  |  |
| --- | --- |
| Number of Children in CYF | Fee Amount |
| 1 Child | $200 |
| 2 Children | $250 |
| 3 or more Children | $300 |

\*Any non-parishioner family who had children enrolled in CYF during the 17-18 CYF school year is grandfathered into the Parishioner registration fee structure. Currently, Sacred Heart Catholic Youth Formation is accepting registration from registered parishioners only.

**Fees are due at time of registration.** If you are returning this form via email you can drop your payment off at the parish office during office hours or in the drop box or place your payment in an blank envelope labeled CYF at Mass.

Once registration closes and our class rosters are set, any families wishing to enroll their children in CYF will be charged a $50 late fee.

**The registration deadline is August 16th.**

If a Payment Plan is needed, it must be established using a valid debit or credit card/Electronic Funds Transfer.

**No child will be denied religious education due to financial constraints. Please contact Father Farrar at (620)342-1061.**

**We also have scholarships and opportunities for fee reduction for families who volunteer with our program.**

YOU MAY FILL OUT THE TOP PORTION ONLINE BUT SUBMIT ACCOUNT INFORMATION IN PERSON, IN THE MAIL, OR BY CALLING THE PARISH OFFICE. FOR PROTECTION OF YOUR PERSONAL INFORMATION, PLEASE DO NOT EMAIL YOUR CREDIT CARD INFORMATION IN AN ATTACHED FILE.

CYF Payment Plan Authorization

I wish to have **total fee** of $ Click or tap here to enter text. deducted from my credit card or bank as I have requested below starting Click or tap to enter a date..

Please type digital signature. Date: Click or tap to enter a date.

**When to Process Payment(s):**

Monthly Installments of $ Click or tap here to enter text. processed on (choose one) Choose an item.

*\*Note\* If you elect automatic withdrawal or credit card payment, funds can only be withdrawn one time a month on either the 15th or the last day of the month, whichever you choose.*

**Form of Payment:**

Choose an item.

For debit/credit card, please complete the information below, or attach a voided check for Electronic Funds Transfer

Please indicate card type: Choose an item.

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Name: Click or tap here to enter text.

Billing Address: Click or tap here to enter text.

Signature: Please Type Digital Signature. Date: Click or tap here to enter text.