

St. Isidore Parish  
Faith Formation Office  
427 West Army Trail Road  
Bloomington, IL 60108  
(630) 529-9191

DATE \_\_\_\_\_

**FAITH FORMATION FEE APPLICATION**

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CHILD NAME (first and last)	GRADE	DAY	TIME	PROGRAM (RE K-6 – CYM)
1.				
2.				
3.				
4.				

**Payment by Credit Card: MasterCard, Visa, Discover accepted \* there is a \$3.00 processing fee surcharge.**

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Email Address (required) \_\_\_\_\_

**Copies:    Bookkeeping                  Parent/Guardian**

**FOR OFFICE USE ONLY:**    Previous Year Tuition Amount:    \$ \_\_\_\_\_                  Sacramental Fees:                  \$ \_\_\_\_\_  
Current Year Tuition Amount:    \$ \_\_\_\_\_                  Total Amount Waived                  \$ \_\_\_\_\_