



Faith Formation

Church of the Resurrection

115 Pond Hill Road, Wallingford CT 06492
(203) 265-1694

Registration Form 2022/2023

Grades 1 - 8

Parent #1 _____ Cell #: _____
First Last

Email: _____ Relationship to Child: _____

Address: _____
Street City Zip Code

Parent #2 _____ Cell #: _____
First Last

Email: _____ Relationship to Child: _____

Address: _____
Street City Zip Code

Tuition Rates

Parishioners: 1 child - \$75.00, 2 children - \$120.00, 3 or more children - \$150.00
Non-Parishioners: 1 child - \$100.00, 2 children - \$150.00, 3 or more children - \$175.00
** Second Grade & Confirmation Grade 9 Additional Sacramental Fee: \$25.00 **

Emergency Contact: Name: _____ Phone: _____

I give permission to the Church of the Resurrection for the following:

- * Allow pictures/videos of my child to be used on the church website and/or for other promotional areas
- * Allow my child to participate in the VIRTUS Training program www.virtusonline.org/virtus/virtus_description.cfm

Parent Signature _____

Contact Information

Joseph R. Tatta, Director
(203) 265-1694
joseph.tatta@yahoo.com

For Office Use Only:

Tuition: Cash: _____ Check #: _____ Date Received: _____

STUDENT #1 INFORMATION

Name: _____ Date of Birth: _____ Entering Grade: _____

Other Important Information & Special Needs: (medications, allergies, family situations, etc.)

Date & Church of Baptism: _____

In-person learning: yes no

Homeschool Learning: yes no

STUDENT #2 INFORMATION

Name: _____ Date of Birth: _____ Entering Grade: _____

Other Important Information & Special Needs: (medications, allergies, family situations, etc.)

Date & Church of Baptism: _____

In-person learning: yes no

Homeschool Learning: yes no

STUDENT #3 INFORMATION

Name: _____ Date of Birth: _____ Entering Grade: _____

Other Important Information & Special Needs: (medications, allergies, family situations, etc.)

Date & Church of Baptism: _____

In-person learning: yes no

Homeschool Learning: yes no

STUDENT #4 INFORMATION

Name: _____ Date of Birth: _____ Entering Grade: _____

Other Important Information & Special Needs: (medications, allergies, family situations, etc.)

Date & Church of Baptism: _____

In-person learning: yes no

Homeschool Learning: yes no