

NATIVITY OF OUR LORD FAITH FORMATION

43 Argyle Place
Orchard Park, New York 14127

FEE RELINQUISHMENT DOCUMENTATION

Confidential statement completed by parent or guardian

Parent/Guardian Information

Last Name: _____
(Please print)

Mother's First: _____ Father's First: _____

Address: _____

Zip Code: _____ Phone: _____ Email: _____

Reason for Request: _____

Place of Employment: (Optional) _____

Are there any parish event(s) or ministry in which you would like to participate _____

Information for all Dependent Children (If you need additional space, please use separate sheet of paper)

Name	Age	Living with You	Session(s) or Event and Fee(s)
1. _____	_____	YES NO	_____
2. _____	_____	YES NO	_____
3. _____	_____	YES NO	_____

GROUP/ SESSION	Amount of Fee	Partial Waiver	Full Waiver
ARISE	(\$120/family)	\$ _____	\$ _____
FOCUS	(\$120/youth)	\$ _____	\$ _____
OUR LADY'S LAMBS	(\$50/family)	\$ _____	\$ _____
CATECHESIS OF THE GOOD SHEPHERD	(\$40/child)	\$ _____	\$ _____
CHILDREN'S CONNECTION	(\$40/child)	\$ _____	\$ _____
YOUTH IN ACTION	(\$40/child)	\$ _____	\$ _____
Y-DISCIPLES	(\$50/youth)	\$ _____	\$ _____
QUAKER LECTIO	(\$50/youth)	\$ _____	\$ _____
L.O.F.T.	(\$50/youth)	\$ _____	\$ _____
CHILDREN OF FR. FRANCIS	(\$40 /family)	\$ _____	\$ _____
MYSTERIES OF LIFE IN REC & EUCH	(\$40/family)	\$ _____	\$ _____
TOTAL WAIVER		\$ _____	\$ _____

Total Suggested Fee _____ minus total waived _____, amount paid _____

I BELIEVE THE INFORMATION ON THIS FORM TO BE TRUE AND ACCURATE.

Signature of parent/guardian _____ Date _____

Signature of Director/Coordinator _____ Date _____

Signature of Pastor _____ Date _____