



Shepherd of the Hills Catholic Parish

W1562 County Road B • Eden, Wisconsin, 53019 • 920-477-3551 • www.sothparish.org

Religious Education & Youth Ministry Programs

Please complete and return with fees to the Religious Education Office.

PARENT/CONTACT INFORMATION

FATHER/GUARDIAN

Name _____
Last, First

Address _____

City, Zip _____

Home Phone _____

Cell Phone _____

Email _____

Religion _____

Parish of _____

Membership _____

MOTHER/GUARDIAN

Name _____
Last, First Maiden

Address _____

City, Zip _____

Home Phone _____

Cell Phone _____

Email _____

Religion _____

Parish of _____

Membership _____

If parents have different residences, the primary residence of the child(ren) is with:

Both Parents (Joint Custody) Father Mother Other _____

EXPLANATION OF FEES

SOTH Parish Members

Grade School (K,1,3,4,5)	\$65.00
Grade School (2)	\$75.00
The Edge Program (6,7,8)	\$70.00
Life Teen Program (9,10)	\$75.00
Life Teen Program (11)	\$165.00

Non Members

Grade School (K,1,3,4,5)	\$130.00
Grade School (2)	\$140.00
The Edge Program (6,7,8)	\$135.00
Life Teen Program (9,10)	\$140.00
Life Teen Program (11)	\$230.00

- Fees for second grade students include a \$10.00 fee for Reconciliation and Eucharist.
- Fees for Life Teen students in grades 9 and 10 include a \$10.00 fee for the Day of Reflection.
- Fees for Life Teen students in grade 11 include a \$100.00 fee for the Confirmation Retreat.
- The maximum fee for Parish Members, excluding fees for Reconciliation, Eucharist, Confirmation, the Day of Reflection and Late fees, is **\$200.00**.

FEE TOTAL: _____

If you are unsure of your fee total, please contact the Religious Education Office.

STUDENT INFORMATION ON REVERSE SIDE ►

STUDENT INFORMATION

Name: _____ Birthday: _____
Last First

School Attending: _____ 11-12 Grade to Enter: _____

Student Phone/Email (Optional) _____

Parish of Baptism _____
Name City, State

Sacraments Received (X): ___ Baptism* ___ Reconciliation ___ Eucharist

*** A copy of the baptismal certificate is required of all new students not baptized at Shepherd of the Hills Parish.**

Special needs (allergies, disabilities, etc.) _____

Name: _____ Birthday: _____
Last First

School Attending: _____ 11-12 Grade to Enter: _____

Student Phone/Email (Optional) _____

Parish of Baptism _____
Name City, State

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