



\* \* \* For Office Use \* \* \*

Date Received \_\_\_\_\_ Class Fees \_\_\_\_\_ Sacramental Fees \_\_\_\_\_ Total Owed \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_

Touch Safety Opt Out Form Signed      YES \_\_\_\_\_      NO \_\_\_\_\_

Rite of Christian Initiation for Children      YES \_\_\_\_\_      NO \_\_\_\_\_