



ST. ROSE OF LIMA  
RELIGIOUS EDUCATION

2020-21 Religious Education Payment

**Note:** If you are in the on-line Registration document, you must **go BACK** to the document after printing this page and **hit the REVIEW button** to continue with the registration process.

Family Last Name (being registered): \_\_\_\_\_ Contact #: \_\_\_\_\_

Parent First Names: \_\_\_\_\_ & \_\_\_\_\_

Full Address: \_\_\_\_\_

Students (First, Last, and Grade in Fall of 2020): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Payment Plan: \_\_\_\_\_ Full Payment Now

\_\_\_\_\_ 50% Now, 50% on 9/1/2020

\_\_\_\_\_ 50% Now, 25% on 9/1/2020; 25% on 11/1/2020

(If you opt to pay by installment, please make a copy of this form to use as your reminder to send in the next installment. If a bill must be sent to collect an outstanding balance, a \$5.00 fee will be added to the total to cover bookkeeping, postage and handling).

**If paying by check:**

Check #: \_\_\_\_\_

Please make checks payable to **St. Rose**, and write child(ren)'s name(s) in bottom left.

Mail check and payment form to: St. Rose Religious Education, 38 Church Hill Rd, Newtown, CT 06470

**If paying by credit / debit card:**

Credit Card Number: \_\_\_\_\_ Type ? Visa MC Discover

3 digit security code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardmember Name (Print as it appears on the card): \_\_\_\_\_

Cardmember Email: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address of CC Holder (if different than above): \_\_\_\_\_

I hereby authorize St. Rose of Lima R.C. Church Corp. to initiate charges to my credit/debit cards indicated above; and to initiate, if necessary, adjustments for any entries made in error. I further authorize St. Rose of Lima R.C. Church Corp. to keep my signature on file, for the purpose of charging my account as indicated above. I understand that this authorization is valid unless I cancel the authorization through written notice. I also agree to contact St. Rose Church if there are any changes to my credit or debit card account information. I understand that if St. Rose must contact me more than once regarding problems with the account, a \$5.00 fee will be applied.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed payment form to: St. Rose Religious Education, 38 Church Hill Rd, Newtown, CT 06470