

ST. JOSEPH PARISH MANNA PROGRAM

REGISTRATION FORM - \$5.00 FEE (Tuition Families Only)

NAME _____
Mr./Mrs./Miss/Ms. First Last

ADDRESS _____
Apt. Street Address City State Zip Code

TELEPHONE _____
Area Code Number

CHECK ONE: **You MUST be a St. Joseph Parishioner to select options 3 through 6.** 100% of earned MANNA rebates will be applied to the account you indicate below. If you choose one of the tuition accounts you may split your earned rebates between tuition and the MANNA Assistance Fund. If you choose more than one please indicate the % for each.

1 _____ POPE SJP II TUITION (Name and grade of oldest child) _____

2 _____ CLASSROOM ASSISTANCE

3 _____ SAVER FAMILY (School year of enrollment; HS or Pope St. JP II) _____

4 _____ HIGH SCHOOL TUITION (Name of High School) _____

5 _____ MANNA ASSISTANCE FUND (Assists St. Joseph Parish and qualifies as a Charitable Contribution)

6 _____ SUPPORTING FAMILY I wish to apply my earned rebate to the following family(s): (you may choose two; if more than one, indicate the % awarded to each family. The total % awarded must equal 100)

Name (first and last)	%	Phone
(1) _____	_____	_____
(2) _____	_____	_____

All participants must sign this form.

I have read, understand, and will abide by the Policies and Guidelines of the St. Joseph MANNA Program

Signature Date