

ST. PATRICK CATHOLIC RELIGIOUS EDUCATION REGISTRATION

DAYS & TIMES Grades P3, P4, K – 5th grade

2018-2019



Yearly fee is \$150 per child, two children \$225 three or more \$275 per family. Children's fees are waived for full-time staff.

PLEASE MAKE CHECKS PAYABLE TO:

ST PATRICK R.E.O. 6N487 CRANE RD., ST CHARLES, IL 60175

ATTENTION: GAIL BROWN gbrown@stpatrickparish.org

PLEASE SEND IN ASAP TO GET THE DAY & TIME YOU WANT!

PLEASE SELECT YOUR GRADE/ DAY / TIME ON BACK OF THIS FORM!

P3 & P4 MEET ON SUNDAY AT 9:45 AM AT THE CRANE RD. CHURCH.

GRADES K-5TH MEET WEEKLY IN THE ST PATRICK CATHOLIC SCHOOL AT CRANE ROAD.

PLEASE PRINT

Father's Name: _____ Religion _____

First Middle Last

Mother's Name: _____ Religion _____

First **MAIDEN** Last

Address: _____

Street City State Zip

Home Phone: # (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Mom Mom ext. _____

Cell: (____) _____ - _____ Work: (____) _____ - _____ ext. _____

Dad Dad

Email Address: _____@_____

please print clearly, case sensitive!!

Registered St. Patrick Parishioner? YES / NO Under what name is your family registered? _____

PLEASE PRINT

BECAUSE OUR PROGRAM RELIES ON VOLUNTEERS COMMITMENT, PLEASE CONSIDER ONE OF THE FOLLOWING ROLES
(Indicate: name/day/time/grade) (Note: Fees of students are waived for all volunteers in the P3-5th grade)

Teacher _____; Co-Teacher _____; Assistant _____;

Day/time: _____; Grade: _____ Hall Monitor: _____;

Sec'y (during class;) _____; Child Care _____.

Must be here every week!

FOR OFFICE USE ONLY

Date of Registration: ___/___/2018/19 Reg. Fee paid: _____ Check: # _____

Cash: _____ Balance due: _____ **Special Sacrament Class:** _____

* If your child has not received Reconciliation or 1st Holy Communion and is in 3rd, 4th, or 5th grade please contact the RE Office.

PLEASE GIVE INDIVIDUAL STUDENTS NAME / INFORMATION ON OTHER SIDE!

PLEASE PRINT

1st STUDENTS INFORMATION


Name: _____ GRADE: _____ SCHOOL: _____
First Middle Last 2018-2019 school year!

PLEASE CHECK BOTH THE GRADE/DAY/TIME:

I would like grade: P3 P4 K 01 02 03 04 05

| | | |
|--|---|---|
| <input type="checkbox"/> Sunday 9:45-10:45 AM Weekly (P3 – P4 grades) | <input type="checkbox"/> Wednesday 4:30 - 5:45 PM Weekly (K-5 th grades) | <input type="checkbox"/> Wednesday EYFWJ 6:30 – 8:00 PM (5 th grade) Class meets twice a month with one adult |
| <input type="checkbox"/> Tuesday 4:30-5:45 PM Weekly (K - 5 th grades) | <input type="checkbox"/> Wednesday 6:30 - 7:45 PM Weekly (1 st -5 th grades) | <input type="checkbox"/> Home Study Grades: (3, 4 & 5 only) |

* If your child has not received Reconciliation or 1st Holy Communion and is in 3rd, 4th, or 5th grade please contact the RE Office.

Birth Date ___/___/___ GENDER: ___F; ___M.  Health/Learning Challenges? Please explain (medication etc.) _____

In addition if your child has special needs please inform your child's R.E. teachers

Have you been Baptized? _____ YES _____ NO Reconciliation? _____ YES _____ NO Eucharist? _____ YES _____ NO

BAPTISM DATE ___/___/___ Church _____ City _____ State _____

****MUST HAVE 2ND GRADE STUDENTS Baptism Certificate, we need to know where the child was baptized!**

Reconciliation Date ___/___/___ Eucharist Date ___/___/___ Church _____
City _____ State _____

PLEASE PRINT

2nd STUDENTS INFORMATION

Name: _____ GRADE: _____ SCHOOL: _____
First Middle Last 2018-2019 school year!

PLEASE CHECK BOTH THE GRADE/DAY/TIME:

I would like grade: P3 P4 K 01 02 03 04 05

| | | |
|--|---|---|
| <input type="checkbox"/> Sunday 9:45-10:45 AM Weekly (P3 – P4 grades) | <input type="checkbox"/> Wednesday 4:30 - 5:45 PM Weekly (K-5 th grades) | <input type="checkbox"/> Wednesday EYFWJ 6:30 – 8:00 PM (5 th grade) Class meets twice a month with one adult |
| <input type="checkbox"/> Tuesday 4:30-5:45 PM Weekly (K - 5 th grades) | <input type="checkbox"/> Wednesday 6:30 - 7:45 PM Weekly (1 st -5 th grades) | <input type="checkbox"/> Home Study Grades: (3, 4 & 5 only) |

* If your child has not received Reconciliation or 1st Holy Communion and is in 3rd, 4th, or 5th grade please contact the RE Office.

Birth Date: ___/___/___ GENDER: ___F; ___M.  Health / Learning Challenges? Please explain (medication etc.) _____

In addition if your child has special needs please inform your child's R.E. teachers

Have you been Baptized? _____ YES _____ NO Reconciliation? _____ YES _____ NO Eucharist? _____ YES _____ NO

BAPTISM DATE ___/___/___ Church _____ City _____ State _____

****MUST HAVE 2ND GRADE STUDENTS Baptism Certificate, we need to know where the child was baptized!**

Reconciliation Date ___/___/___ Eucharist Date ___/___/___ Church _____
City _____ State _____