

**ST. PATRICK CATHOLIC RELIGIOUS EDUCATION REGISTRATION  
DAYS & TIMES Grades P3, P4, K – 5<sup>th</sup> grade  
2019-2020**

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. 6N491 CRANE RD., ST CHARLES, IL 60175

**ATTENTION: GAIL BROWN [gbrown@stpatrickparish.org](mailto: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-5<sup>TH</sup> 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 P3-5<sup>th</sup> grade)**

Teacher \_\_\_\_\_; Co-Teacher \_\_\_\_\_; Assistant \_\_\_\_\_;

Day/time: \_\_\_\_\_; Grade: \_\_\_\_\_  Hall Monitor: \_\_\_\_\_;

Sec'y (during class) **FULL AT THIS TIME**; Child Care: \_\_\_\_\_.

Must be here every week!

**FOR OFFICE USE ONLY**

Date of Registration: \_\_\_/\_\_\_/2019/20 Fee paid: \_\_\_\_\_ Check: # \_\_\_\_\_

Cash: \_\_\_\_\_ Balance due: \_\_\_\_\_ **Special Sacrament Class:** \_\_\_\_\_

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

**PLEASE GIVE INDIVIDUAL STUDENTS NAME / INFORMATION ON OTHER SIDE!** 

PLEASE PRINT

1<sup>st</sup> STUDENTS INFORMATION


Name: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
First Middle Last 2019-2020 school year!

PLEASE CHECK BOTH THE GRADE/DAY/TIME:

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

<input type="checkbox"/> <b>Sunday</b> 9:45-10:45 AM Weekly (P3 – P4 grades)	<input type="checkbox"/> <b>Wednesday</b> 4:30 - 5:45 PM Weekly (K-5 <sup>th</sup> grades)	<b>EYFWJ</b> Classes meet twice a month with one adult. <input type="checkbox"/> Wednesday 4:30 - 5:45 PM 3 <sup>rd</sup> grade only <input type="checkbox"/> Wednesday 6:30 - 7:45 PM 2 <sup>nd</sup> & 5 <sup>th</sup> gr only
<input type="checkbox"/> <b>Tuesday</b> 4:30-5:45 PM Weekly (K - 5 <sup>th</sup> grades)	<input type="checkbox"/> <b>Wednesday</b> 6:30 - 7:45 PM Weekly (1 <sup>st</sup> -5 <sup>th</sup> grades)	

\* If your child has not received Reconciliation or 1<sup>st</sup> Holy Communion and is in 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> 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 2<sup>ND</sup> GRADE STUDENTS Baptism Certificate!**

Reconciliation Date \_\_\_/\_\_\_/\_\_\_ Eucharist Date \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

PLEASE PRINT

2<sup>nd</sup> STUDENTS INFORMATION

Name: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
First Middle Last 2019-2020 school year!

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