

Sunday Morning 9:55 am - 10:55 am

K - 6th Grade &

Year 1 & Year 2 - Confirmation program

By registering your child, you give permission for any photograph taken of your child & their name to be published on our website, in our parish bulletin, local newspapers and bulletin board.

If you do not grant permission, you must submit a written letter stating otherwise.

Grade School and Confirmation St. Mary Religious Education 302 Fisk Ave. DeKalb, IL 60115

Date:	FAMILY REG. FEE DUE at time of registration \$35*			
FAMILY NAME:	*Registration fee \$30 if turned in by June 15th			
	Spouse:	Spo	ouse:	
Address:	City/Zip		_ Registered Parishioner? YES / NO	
PHONE #	WORK	CELL		
HOME:(please print legibly)	WORK:	CELL:		
E-Mail Address:				
**************	**************************************	**********	* * * * * * * * * * * * * * * * * * *	
1) STUDENT'S NAME:			<u>School</u>	
(First & Last)	Birth date: City & Sta		Grade in fall:	
<u>School</u>	Birth date: City & Sta	ate of Birth		
Learning disabilities, allergies an	d other medical problems (please exp	lain) 		
Mother's MAIDEN Name:	<u>Birth F</u>	ather's Name		
If your child was in our program SACRAMENT INFO:	n in the past year, sacrament info is no	ot needed <u>if you pro</u>	ovided it!	
BAPTISM: Name & City/State	of Church		Date:	
FIRST RECONCILIATION: (if ap	oplicable) Name & City/State of Churc	h:		
			Date:	
FIRST COMMUNION: (if applied	cable) Name & City/State of Church:			
O) CTUDENT?C NIANAE			Date:	
2) STUDENT'S NAME:			School	
(First & Last) School	Birth date: City & Sta	to of Rirth:	Grade in fall:	
	d other medical problems (please expl			
Mathawa MAIDENI Nama	D:th F-	th ave Nome		
Mother's MAIDEN Name:	n in the past year, sacrament info is no	ther's Name		
SACRAMENT INFO:	in the past year, sacrament into is no	or needed:		
	of Church:		Date:	
FIRST RECONCILIATION: (if ar	oplicable) Name & City/State of Churc	h·		
(if up		· · ·	Date:	
FIRST COMMUNION: (if application)	cable) Name & City/State of Church:			
			Date:	

3) STUDENT'S NAME: (First & Last)	<u>School</u> <u>Grade in fall</u> :
School Rirth date:	City & State of Rirth
(First & Last) School Birth date: Learning disabilities, allergies and other medical problems (p	elease explain)
Mother's MAIDEN Name:	Birth Father's Name
Mother's MAIDEN Name: If your child was in our program in the past year, sacrament SACRAMENT INFO:	info below is not needed!
BAPTISM: Name & City/State of Church	Date:
FIRST RECONCILIATION: (if applicable) Name & City/State	of Church:Date:
FIRST COMMUNION: (if applicable) Name & City/State of	Church:Date:
4) STUDENT'S NAME: (First & Last)	<u>School</u> <u>Grade in fall</u> :
School Birth date:	City & State of Birth:
learning disabilities, allergies and other medical problems (pl	
Mother's MAIDEN Name: If your child was in our program in the past year, sacrament SACRAMENT INFO: BAPTISM: Name & City/State of Church:	info below is not needed!
<u>BAPTISM</u> . Name & City/state of Church:	Date:
FIRST RECONCILIATION: (if applicable) Name & City/State	of Church:Date:
FIRST COMMUNION: (if applicable) Name & City/State of	Church: Date:
**I6	
**If you are interested in Financial Assistance, please call the Please understand that all aid is predicated on a <u>regular, weekly Mass</u>	
gistration fee: a \$35 Family registration is DUE at the time of registration. **There will be an additional fee of \$40 for any student entering into ou This fee will be paid at the time of registration	ur Sacrament Programs. (First Communion/Confirmation
tuition is as follows for RE students ion: 1 child=\$155.00 (\$19.37) a month 2 children=\$285.00 (\$35.62) a month 3 or more=\$390.00 (\$48.75) a month You may make 1 full payment due October 1 or you may month starting October a	ay make 8 monthly payments due the 1st of each
Registration Due \$35 or (\$30 if paid before June 15) 1 tuition payment paid in full: due October 1 8 monthly payments: 1st payment due October 1	
***All payments can be made electronically through our St. Ma	•
If you would like to become a Catechist or Aide for RE, please	e call Annalisa McMaster at 758-5432 ext. 101.

All Catechist/Aide CRITERIA: MUST attend weekly Mass and agree to attend at least 1 workshop per year towards certification in the Diocese of Rockford. **\$80 discount for Catechists will be applied to your tuition for children you have in our RE/Confirmation program.

^{**\$30} discount for Aides will be applied to your tuition for children you have in our RE/Confirmation program.