



St. Mary Religious Education
K-6th Grade, Confirmation Program (Year 1 & 2)
302 Fisk Ave. DeKalb, IL 60115
Sunday Morning 9:55 AM - 10:55 AM

Date: _____

FAMILY NAME: _____ Spouse: _____ Spouse: _____

Address: _____ City/Zip _____ Registered Parishioner? YES / NO

PHONE # HOME: _____ WORK: _____ CELL: _____

E-Mail Address: _____

1) STUDENT'S NAME: (First & Last) _____ School _____ Grade in fall: _____

School _____ Birth date: _____ City & State of Birth _____ Learning disabilities, allergies and other medical problems (please explain) _____

Mother's MAIDEN Name: _____ Birth Father's Name _____

SACRAMENT INFORMATION: 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: _____

2) STUDENT'S NAME: (First & Last) _____ School _____ Grade in fall: _____

School _____ Birth date: _____ City & State of Birth: _____ learning disabilities, allergies and other medical problems (please explain) _____

Mother's MAIDEN Name: _____ Birth Father's Name _____

SACRAMENT INFORMATION: 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: _____

3) STUDENT'S NAME:
(First & Last)

School
Grade in fall:

School Birth date: City & State of Birth
Learning disabilities, allergies and other medical problems (please explain)

Mother's MAIDEN Name: Birth Father's Name

SACRAMENT INFORMATION:

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)

School
Grade in fall:

School Birth date: City & State of Birth:
learning disabilities, allergies and other medical problems (please explain)

Mother's MAIDEN Name: Birth Father's Name

SACRAMENT INFORMATION:

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:

Tuition & Program Fees:

Registration fee: \$35 Family registration due at registration. \$30 if paid before June 10, 2025.
Sacrament Program Fee: \$45 for all children preparing for First Holy Communion & Year 2 Confirmation.
\$ _____ Registration (due at time of registration)

Tuition: 1 child: \$160.00 (\$20.00) a month
2 children: \$295.00 (\$36.87) a month
3 or more: \$405.00 (\$50.62) a month

(select one)
\$ _____ 1 tuition payment paid in full by October 1

\$ _____ 8 monthly tuition payments October 1-May 1

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.

Payments can be made by cash, check or electronically through our St. Mary Parish website. (www.stmarydekalb.org)
Financial assistance is available. Contact Annalisa at 815-758-5432 x101 for more information.

CATECHISTS and AIDES

\$80 tuition discount for Catechists with registered children
\$30 tuition discount for Aides with registered children

Anyone interested in volunteering, please contact Annalisa McMaster at 758-5432 x101 or annalisam@stmarydekalb.org