

# ST. JOSEPH RELIGIOUS EDUCATION REGISTRATION GRADES K - 6

## School Year 2018-2019

4824 Highland Ave. Downers Grove, IL 60515

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### FAMILY INFORMATION

Family Last Name: \_\_\_\_\_ # of children attending RE this year \_\_\_\_  
Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone/Primary Phone # \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_  
Secondary Phone # \_\_\_\_\_ Secondary E-Mail: \_\_\_\_\_  
Registered members of St. Joseph Parish \_\_\_\_\_ New Parishioners \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father's Name \_\_\_\_\_ Cell# \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ Religion \_\_\_\_\_  
Occupation \_\_\_\_\_ Talents to Share \_\_\_\_\_

Mother's Full & (Maiden Name: \_\_\_\_\_  
Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ Religion \_\_\_\_\_  
Occupation \_\_\_\_\_ Talents to Share \_\_\_\_\_

Child/ren live with: Both Parents \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_

*\* If multiple addresses are listed above, correspondence will be sent to both addresses*

### **MEDICAL RELEASE and EMERGENCY CONTACT if parent cannot be reached: 9/1/18 - 5/31/19**

*In the event that I, as the undersigned parent/guardian of this child cannot be contacted, and in the judgement of the Director of Religious Education, Pastor or teacher deems necessary for my child to receive immediate medical intervention, I hereby request and authorize the DRE or other supervising personnel to obtain services necessary to assist my child. I agree to assume financial responsibility for any diagnosis/treatment and medication.*

Emergency Contact Name: \_\_\_\_\_

Best phone #: \_\_\_\_\_ Relationship to child/ren or family: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Baptismal Certificates must be on file for all students. If you child was not baptized at St. Joseph's, please provide a copy of their baptismal certificate at the time of registration.

<b>TUITION:</b>	1 Child (K-8)	\$265.00	1st Communion	\$60.00
	2 Children(K-8)	\$370.00	Grade 6 - Bible	\$25.00
	3 or More (K-8)	\$425.00		

Tuition is requested with registration unless other arrangements are made through the Business Office 630-964-0216x1101

Note ... Grades 7 and 8 registration sent under separate cover

**REGISTRATION INFORMATION**

**CHILD 1 Class Preference:** SUNDAY-(10-11AM) WED (4-5:15pm) THURS (4-5:15PM)  
First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Gender: M/F Age: \_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade in Fall: \_\_\_\_  
Special Needs or Requests \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Grades completed in RE: K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_  
New Student? \_\_\_ If yes, Parish where student previously attended \_\_\_\_\_

**Sacraments Received:**

Baptism Date \_\_\_\_ Parish \_\_\_\_\_ City & State \_\_\_\_\_  
Reconciliation Date \_\_\_\_ Parish \_\_\_\_\_ City & State \_\_\_\_\_  
1st Communion Date \_\_\_\_ Parish \_\_\_\_\_ City & State \_\_\_\_\_

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**CHILD 2 Class Preference:** SUNDAY-(10-11AM) Wed (4-5:15) THURS (4-5:15)  
First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Gender: M/F Age: \_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade in Fall: \_\_\_\_  
Special Needs or Requests \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Grades completed in RE: K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_  
New Student? \_\_\_ If yes, Parish where student previously attended \_\_\_\_\_

**Sacraments Received:**

Baptism Date \_\_\_\_ Parish \_\_\_\_\_ City&State \_\_\_\_\_  
Reconciliation Date \_\_\_\_ Parish \_\_\_\_\_ City&State \_\_\_\_\_  
1st Communion Date \_\_\_\_ Parish \_\_\_\_\_ City&State \_\_\_\_\_

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**CHILD 3 Class Preference:** Sunday-(10-11AM) Wed (4-5:15) Thurs (4-5:15)  
First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Gender: M/F Age: \_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade in Fall: \_\_\_\_  
Special Needs or Requests \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Grades completed in RE: K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_  
New Student? \_\_\_ If yes, Parish where student previously attended \_\_\_\_\_

**Sacraments Received:**

Baptism Date \_\_\_\_ Parish \_\_\_\_\_ City&State \_\_\_\_\_  
Reconciliation Date \_\_\_\_ Parish \_\_\_\_\_ City&State \_\_\_\_\_  
1st Communion Date \_\_\_\_ Parish \_\_\_\_\_ City&State \_\_\_\_\_

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**Photo/Video/Classroom Work Permission - Names of Students will not be released.**

Check one:

\_\_\_\_\_ **YES**, my child/ren's photos, video, and classroom work **MAY** be displayed in any format  
Website, parish bulletins, newsletters, posters etc.

\_\_\_\_\_ **NO**, my child/ren's photos, video, and classroom work **MAY NOT** be displayed in any  
format - website, parish bulletins, newsletters, posters etc.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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