

**St. Catherine Laboure Sunday Religious Education Program**  
REGISTRATION PACKET 2017-2018    Date \_\_\_\_\_

FAMILY'S LAST NAME \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Father's first & last name \_\_\_\_\_ Mother's first & last name \_\_\_\_\_

Religion \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child lives with:     Both parent's     Father only     Mother only     other (\_\_\_\_\_)

Child's First Name

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**(Grade in September 2017)**

All classes are from 9:00 am to 10:30 am

**INFORMATION**

Relative or neighbor to be reached in emergency during class time, if you are not available:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

If your child has any medical concerns we should be aware of, please list below.

Include **allergies** (food, insects, etc.), medications (names), learning needs, behavior needs, physical needs (hearing, vision, handicapped).

Name: \_\_\_\_\_ Concerns: \_\_\_\_\_

\_\_\_\_\_

**CONTINUED**

## VOLUNTEER OPPORTUNITIES

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Sundays:** \_\_\_ Teacher \_\_\_ Substitute \_\_\_ Teacher's Aide \_\_\_ Office Aide

**Special Help:** \_\_\_ Help at Liturgies (every grade level has a special Mass)

\_\_\_ Help plan Prayer Services Grade(s) \_\_\_\_\_

Each family is asked to participate at least one time a year.

**Other Activities:** \_\_\_ Photography \_\_\_ Sing & Instrument

### NEW FAMILIES MUST FILL OUT THIS FORM IN ADDITION TO PAGE 1

1. Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Baptismal Date \_\_\_\_\_  
Age \_\_\_\_\_ Name of Church \_\_\_\_\_  
First Communion Date \_\_\_\_\_ Reconciliation Date \_\_\_\_\_  
Name of Church \_\_\_\_\_ Name of Church \_\_\_\_\_

2. Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Baptismal Date \_\_\_\_\_  
Age \_\_\_\_\_ Name of Church \_\_\_\_\_  
First Communion Date \_\_\_\_\_ Reconciliation Date \_\_\_\_\_  
Name of Church \_\_\_\_\_ Name of Church \_\_\_\_\_

3. Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Baptismal Date \_\_\_\_\_  
Age \_\_\_\_\_ Name of Church \_\_\_\_\_  
First Communion Date \_\_\_\_\_ Reconciliation Date \_\_\_\_\_  
Name of Church \_\_\_\_\_ Name of Church \_\_\_\_\_

**Please supply a copy of the student's Baptismal Certificate to register in our program.**

### **SPRED REGISTRATION**

SPRED is a small faith group here at SCL. They offer religious inclusion to individuals who have cognitive and developmental needs. Our parish services 17-21 year olds. Please call the rectory for further information. 847-729-1414

# St. Catherine Laboure · Sunday Religious Education Program

## TUITION 2017-2018

Please complete and return by **JUNE 30, 2017**

Check box

	One child: Grades K-8 Please provide your Parish ID # _____	\$195
	Two children: Please provide your Parish ID # _____	\$295
	Three or more children: Please provide your Parish ID # _____	\$395
	<b>Late fee</b> for payments made after <b>June 30, 2017</b> (for previously registered families only)	\$50
	<b>Non-registered</b> families additional fee:	\$200
	<b><u>GRADE 2</u></b> - additional fee:	\$60
	<b><u>GRADE 6</u></b> - additional fee:	\$20
	<b><u>GRADE 8</u></b> - additional fee	\$70
	<b>TOTAL DUE:</b>	\$

FAMILY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Child's name \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Grade \_\_\_\_\_

(2017-2018 Grade)

Office Use Only

***Make checks payable to St. Catherine Laboure R.E.***

Amount \$ \_\_\_\_\_

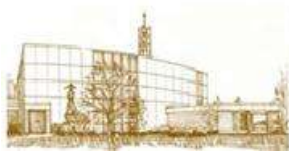
Check # \_\_\_\_\_

Cash \$ \_\_\_\_\_

Date Received \_\_\_\_\_

Comments \_\_\_\_\_

CONTINUED



**St. Catherine Laboure – Religious Education**  
 3535 Thornwood Ave, Glenview, IL 60026-1574  
 Telephone: (847) 724-2240 e-mail: scl\_re@yahoo.com

**To be retained in student file**

2017-2018 – PHOTO/ACADEMIC WORK

**PUBLIC RELATION RELEASE FORM**

On occasion, St. Catherine Laboure parish uses photos and/or academic work of students in parish publications to share information about the religious education/ sacramental programs. Publications include, but are not limited to: the website, kiosk displays in the church Gathering Space, school corridor displays, parish bulletin, and other public relation materials.

In addition, local news organizations may hear of our activities or events, and our parish may invite or allow them to photograph or record our events.

Please check one and sign below:

\_\_\_\_\_ My child’s photo or academic work **MAY** be published in any format including group or individual photos.

\_\_\_\_\_ My child’s photo or academic work **MAY NOT** be published in any format including group or individual photos.

Printed name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Printed name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Printed name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_

If you do NOT return this form with your 2017-2018 registration materials, it will be assumed that you give permission for your child/ren’s photo or academic work to be included in any form of communication.