

St. Catherine Laboure Sunday Religious Education Program

REGISTRATION PACKET 2018-2019 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 2018-2019

Please complete and return by **JUNE 30, 2018**

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
	Late fee for payments made after June 30, 2017 (for previously registered families only)	\$50
	Non-registered families additional fee:	\$200
	<u>GRADE 2</u> - additional fee:	\$60
	<u>GRADE 6</u> - additional fee:	\$20
	<u>GRADE 8</u> - additional fee	\$70
	TOTAL DUE:	\$

FAMILY NAME _____ PHONE _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Child's name _____ Grade _____

(2018-2019 Grade)

Office Use Only

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

Amount \$ _____

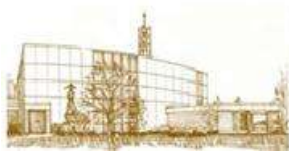
Check # _____

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

2018-2019 – 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 2018-2019 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.