

**ST. FRANCIS OF ASSISI  
RELIGIOUS EDUCATION REGISTRATION**

1501 West Boughton Road  
Bolingbrook, IL 60490  
Phone: 630-759-7588 Fax: 630-759-5257

School Year: 2017-2018

Family Name \_\_\_\_\_

Family email address \_\_\_\_\_

Father's Name \_\_\_\_\_

Work number \_\_\_\_\_ Cell number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Maiden name \_\_\_\_\_

Work number \_\_\_\_\_ Cell number \_\_\_\_\_

Marital Status \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

**PLEASE NOTE THE CHANGE IN THE TUITION FEE STRUCTURE:**

Tuition is \$250 for one child; \$290 for two children; \$330 for three or more children. The sacrament fee for Reconciliation/First Communion is \$35 and the fee for Confirmation is \$60.

**LATE FEE:** A late fee of \$10.00 will be added for any registrations received after **August 1st**. There will also be a fee of \$10.00 for any changes you request in class scheduling.

**UNPAID BALANCES:** Any unpaid tuition fees must be paid in full before the fall session. If you are unable to pay, please make an appointment to talk with Gerrie Mempin at extension 107.

**\*\*\*One-half (1/2) of the tuition and fees must accompany this registration.**

***For office use:***

Amount Paid at Registration \_\_\_\_\_ Check Number \_\_\_\_\_

Please charge my Visa, Mastercard, Discover, Amex

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

\_\_\_\_\_  
Signature

**REGISTRATION GRADES 1-8**

PLEASE INDICATE CHOICE OF CLASS TIME (1,2, & 3)

MON 4:30 \_\_\_\_\_ MON 6:15 \_\_\_\_\_

TUES 4:30 \_\_\_\_\_ TUES 6:15 \_\_\_\_\_

WED 4:30 \_\_\_\_\_ SAT 8:30am \_\_\_\_\_

WED Children's Christian Initiation 6:00pm \_\_\_\_\_ (per Director's permission)

Student Name \_\_\_\_\_ Sex: M F  
Date of Birth \_\_\_\_\_ Grade this Fall \_\_\_\_\_  
School Attending \_\_\_\_\_  
Health/Education Concerns/Remarks \_\_\_\_\_

Student Name \_\_\_\_\_ Sex: M F  
Date of Birth \_\_\_\_\_ Grade this Fall \_\_\_\_\_  
School Attending \_\_\_\_\_  
Health/Education Concerns/Remarks \_\_\_\_\_

Student Name \_\_\_\_\_ Sex: M F  
Date of Birth \_\_\_\_\_ Grade this Fall \_\_\_\_\_  
School Attending \_\_\_\_\_  
Health/Education Concerns/Remarks \_\_\_\_\_

Student Name \_\_\_\_\_ Sex: M F  
Date of Birth \_\_\_\_\_ Grade this Fall \_\_\_\_\_  
School Attending \_\_\_\_\_  
Health/Education Concerns/Remarks \_\_\_\_\_

\*\*\*If you are registering for the first time, please provide any previous religious education history such as name and address of church and any sacraments already received.

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT:**

In the event of an emergency, if you are unable to reach us, please contact the following (other than parent)

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**MEDICAL RELEASE**

In the event that the undersigned, or my (our) authorized emergency contact, can not be reached and in the judgment of the Director of Religious Education or other person responsible for the program or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment for medication deemed necessary.

**Date or dates for which release is intended: September 11, 2017 through May 12, 2018**

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_  
**Date**

# Office Volunteer & Teacher Registration Form

## Religious Education Classes

We would like to encourage you to become involved in our Religious Education Program. It is an opportunity for your personal enrichment and for the formation of your child's faith. Please keep in mind that our utmost need is for Catechists.

I am volunteering for (check one):

Office Volunteer \_\_\_\_\_ Catechist \_\_\_\_\_

School Year: \_\_\_\_\_ Grade would like to teach: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Unlisted? Y N

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Marital Status: \_\_\_\_\_

Business Phone:(\_\_\_\_) \_\_\_\_-\_\_\_\_ Ext: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In case of an emergency please contact:

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

Relationship: \_\_\_\_\_

Phone Number:(\_\_\_\_) \_\_\_\_-\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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Help needed for the following RE activities (new this year):

\_\_\_\_ Religious Education Week in November

\_\_\_\_ Seder Meal during Lent

Registration for First Reconciliation and First Communion  
(Grades 2 through 8)

Children in the 2nd grade RE class normally receive these sacraments. However, this school year must be the beginning of your child's second year of religious instruction. **Parent(s) must be a registered member of the parish. A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE MUST ACCOMPANY THIS FORM!**

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Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth (Location of Hospital):

\_\_\_\_\_  
(City) (State) (Zip)

Birth Father Name: \_\_\_\_\_  
(First) (Last)

Birth Mother Name: \_\_\_\_\_  
(First) (Maiden Name)

BAPTISMAL INFORMATION

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_  
(City) (State) (Zip)

Date of Baptism: \_\_\_\_\_

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Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth (Location of Hospital):

\_\_\_\_\_  
(City) (State) (Zip)

Birth Father Name: \_\_\_\_\_  
(First) (Last)

Birth Mother Name: \_\_\_\_\_  
(First) (Maiden Name)

BAPTISMAL INFORMATION

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_  
(City) (State) (Zip)

Date of Baptism: \_\_\_\_\_

## Registration for **8th Grade Confirmation**

At least two years of religious instruction following (First Communion) are required for preparation for Confirmation. Candidates must be enrolled in 8th grade this school year. All sacrament requirements must be fulfilled and RE classes attended regularly. **Parent(s) must be a registered member of the parish. A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE MUST ACCOMPANY THIS FORM!**

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Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth (Location of Hospital):

\_\_\_\_\_  
(City) (State) (Zip)

Birth Father Name: \_\_\_\_\_  
(First) (Last)

Birth Mother Name: \_\_\_\_\_  
(First) (Maiden Name)

### BAPTISMAL INFORMATION

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_  
(City) (State) (Zip)

Date of Baptism: \_\_\_\_\_

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Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth (Location of Hospital):

\_\_\_\_\_  
(City) (State) (Zip)

Birth Father Name: \_\_\_\_\_  
(First) (Last)

Birth Mother Name: \_\_\_\_\_  
(First) (Maiden Name)

### BAPTISMAL INFORMATION

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_  
(City) (State) (Zip)

Date of Baptism: \_\_\_\_\_

## HIGH SCHOOL TEEN GODPARENT PROGRAM

For those of you not familiar with Godparent's, it is **very** different from Religious Ed Classes. The teens meet in a married couple's home instead of a classroom. The classes are typically 8-12 teens. All teens are the same year in school. The classes meet on average 3 Sunday evenings per month from 7-9pm. The program runs from September to April. Teens generally stay with the same Godparent class through all four years of high school.

Student Name \_\_\_\_\_  
Grade Level\* \_\_\_\_\_  
Previous Years' Godparent's \_\_\_\_\_  
Sacraments Received: B R E C

Student Name \_\_\_\_\_  
Grade Level\* \_\_\_\_\_  
Previous Years' Godparent's \_\_\_\_\_  
Sacraments Received: B R E C

Student Name \_\_\_\_\_  
Grade Level\* \_\_\_\_\_  
Previous Years' Godparent's \_\_\_\_\_  
Sacraments Received: B R E C

- Please list Grade Level as: 9(Freshman), 10(Sophomore), 11(Junior) or 12(Senior),
- Please circle all Sacraments the student has received.  
(Baptism, Reconciliation, Eucharist, Confirmation)

### TUITION INFORMATION:

Please follow the guidelines as stated on the front.

### MEDICAL RELEASE

In the event that the undersigned can not be reached and in the judgment of the Director of Religious Education or other person responsible for the program or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment for medication deemed necessary.

**Date or dates for which release is intended: September 11, 2017 through May 12, 2018**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## TEEN SACRAMENTAL PREPARATION

### PLEASE NOTE: THIS IS A TWO YEAR PROGRAM

Typically, by the time a teenager at St. Francis reaches high school, he or she has already received four Sacraments (Baptism, Reconciliation, Communion and Confirmation). Due to many factors, we have found that this is not necessarily the case. Changes churches, moving to a new neighborhood, conversion, and many other situations can and often do interfere with the "typical" progression of a teen through a religious education program.

If you find your teen in this situation, we have a High School Sacrament Program to fill this need. If your teen is interested in receiving any of the four above mentioned Sacraments, please fill out the information below:

Please circle the Sacrament(s) you wish your teen to make:

**Baptism   Reconciliation   Communion   Confirmation**

First Year

Second Year

Teen's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City) (State)

First Year

Second Year

Teen's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City) (State)

**Important: If your teen has been baptized and wishes to receive other Sacraments, we will need a copy of their Baptismal Certificate BEFORE YOU CAN REGISTER.**

**Note:** Enrollment in the Sacramental Program is not related to the High School Godparent Program—the two are separate programs. Teens are permitted and encouraged to participate in both.

#### **TUITION INFORMATION:**

Tuition is \$250 for one child; \$290 for two children; \$330 for three or more children. There is a \$60 fee for a Confirmation Retreat per Child due the Second Year.

#### **MEDICAL RELEASE**

In the event that the undersigned can not be reached and in the judgment of the Director of Religious Education or other person responsible for the program or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment for medication deemed necessary.

**Date or dates for which release is intended: September 18, 2017 through May 11, 2018**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Volunteer to be involved in one or more of the following ministries.  
Please check the ministries you would like to volunteer for.**

<b>EDUCATION COMMISSION</b>
St. Dominic School
Children's Liturgy of the Word
Vacation Bible School
Totus Tuus
Religious Education (gr 1-8)
Godparents (High School)
Teen Sacramental Preparation
Children's Christian Initiation
RCIA (Rite of Christian Initiation of Adults)
Adult Faith Formation
Curious Catholics
Bible Study
Sunday Scripture Discussion
Small Christian Communities

<b>SERVICE COMMISSION</b>
Elizabeth Ministry
God's Green Earth
Children's Nursery & Sunday Preschool
Finders of Peace
Lay Ministry of Care
Pro-Life
St. Vincent de Paul Society
Project Gabriel
Legion of Mary

<b>PARISH LIFE</b>
Council of Catholic Women
Couples for Christ
El Shaddai
Filipino American Ministry Council (FAMC)
Guadalupano Ministry
Knights of Columbus
Lady Knights
Marriage Enrichment
Seniors

<b>WORSHIP COMMISSION</b>
Altar Servers
Art & Environment
Extraordinary Ministers of the Eucharist
Lectors
Music Ministry—Adult Canticle Choir
Music Ministry—Cantor
Bridges to Heaven Choir
Prayer Connection
Eucharistic Adoration
Ushers
World Apostolate of Fatima