

**Registration Information - To reserve a place, please register by doing the following:**

- Return this form to the Religious Education Office with **tuition deposit**. Simply mail forms to the Parish Office at 4008 Prairie Avenue, Brookfield, IL 60513 or ATTN: RE Registration or visit the Religious Education Office.
- New families and families, who haven't already done so, need to provide a copy of their child's baptismal certificate.

<b>REQUIRED TO</b>	Tuition Deposit -	<input type="checkbox"/> \$75 – one student,	<input type="checkbox"/> \$100 – two students,	<input type="checkbox"/> \$125 – three or more students
<b>ACCEPT REGISTRATION</b>		<input type="checkbox"/> Baptismal Certificate on file for student(s)		
	<input type="checkbox"/> Payment options – Payment in Full	<input type="checkbox"/> 7 Monthly payments (envelope will be provided with remaining balance due)		

**St. Barbara Religious Education Registration 2016-2017**

**ST. BARBARA'S RELIGIOUS EDUCATION IS OFFERED ON TWO DIFFERENT DAYS OF THE WEEK**

<b>Tuition fee</b> (per family)	<b>Sacrament fee</b> (per student)	<b>My family's choice would be:</b>
<input type="checkbox"/> one student \$225.00	<input type="checkbox"/> Communion \$40.00	<input type="checkbox"/> Sunday – Time TBD
<input type="checkbox"/> two students \$355.00	<input type="checkbox"/> Confirmation \$45.00	<input type="checkbox"/> Wednesday – 6:00pm – 7:30pm
<input type="checkbox"/> three or more students \$420.00		

**FAMILY INFORMATION**

What language is spoken at home?  English  Spanish  Other \_\_\_\_\_

Child's Last Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Marital status of parents/stepparent  single  married—place of marriage \_\_\_\_\_  
 Church currently attending \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Email \_\_\_\_\_  
 Father's Phone Numbers  
 Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father has received the sacrament of  Baptism  Reconciliation  Eucharist  Confirmation  
 Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Mother's Phone Numbers \_\_\_\_\_ Mother's Email \_\_\_\_\_  
 Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father has received the sacrament of  Baptism  Reconciliation  Eucharist  Confirmation  
 Stepparent/Guardian's Name \_\_\_\_\_ Stepprnt/Guard. Email \_\_\_\_\_  
 Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Stepparent/guardian has received the sacrament of  Baptism  Reconciliation  Eucharist  Confirmation

**EMERGENCY MEDICAL INFORMATION**

Emergency contact name & relationship to child \_\_\_\_\_  
 Emergency phone number \_\_\_\_\_ Additional emergency number \_\_\_\_\_  
 Family doctor \_\_\_\_\_ Doctor's phone number \_\_\_\_\_  
 Preferred hospital \_\_\_\_\_ Hospital's phone number \_\_\_\_\_  
 Medical insurance carrier \_\_\_\_\_ Group # \_\_\_\_\_  
 Insurance member's name \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

*In the event that the undersigned, emergency contact, or my child's physician cannot be reached, and in the judgment of St. Barbara's Coordinator of Religious Education or appropriate staff member, where there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.*

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

# St. Barbara Religious Education Registration 2016-2017

## STUDENT(S) INFORMATION – if this child is new to the program please fill out items with an (\*)

**First child**     Boy     Girl     New to St. Barbara Rel Ed     Returning to St. Barbara Rel Ed from last year

Student's Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Public School Attending \_\_\_\_\_ RE Grade Fall of 2016 \_\_\_\_\_

\*Date Baptized \_\_\_\_\_ \*Church \_\_\_\_\_

\*First Communion \_\_\_\_\_ \*Church \_\_\_\_\_

Does your child have any medical condition (diabetes, asthma, etc.) we need to be aware of?     Yes     No

If yes, please describe \_\_\_\_\_

Please list any medications your child is taking \_\_\_\_\_

Does your child have any food allergies?     Yes     No

If yes, please describe what foods need to be avoided \_\_\_\_\_

Does your child have any special physical or educational needs that we should be aware of     Yes     No

If yes, please describe your child's needs and the best way we can accommodate those needs \_\_\_\_\_

**Second child**     Boy     Girl     New to St. Barbara Rel Ed     Returning to St. Barbara Rel Ed from last year

Student's Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Public School Attending \_\_\_\_\_ RE Grade Fall of 2016 \_\_\_\_\_

\*Date Baptized \_\_\_\_\_ \*Church \_\_\_\_\_

\*First Communion \_\_\_\_\_ \*Church \_\_\_\_\_

Does your child have any medical condition (diabetes, asthma, etc.) we need to be aware of?     Yes     No

If yes, please describe \_\_\_\_\_

Please list any medications your child is taking \_\_\_\_\_

Does your child have any food allergies?     Yes     No

If yes, please describe what foods need to be avoided \_\_\_\_\_

Does your child have any special physical or educational needs that we should be aware of     Yes     No

If yes, please describe your child's needs and the best way we can accommodate those needs \_\_\_\_\_

**Third child**     Boy     Girl     New to St. Barbara Rel Ed     Returning to St. Barbara Rel Ed from last year

Student's Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Public School Attending \_\_\_\_\_ RE Grade Fall of 2016 \_\_\_\_\_

\*Date Baptized \_\_\_\_\_ \*Church \_\_\_\_\_

\*First Communion \_\_\_\_\_ \*Church \_\_\_\_\_

Does your child have any medical condition (diabetes, asthma, etc.) we need to be aware of?     Yes     No

If yes, please describe \_\_\_\_\_

Please list any medications your child is taking \_\_\_\_\_

Does your child have any food allergies?     Yes     No

If yes, please describe what foods need to be avoided \_\_\_\_\_

Does your child have any special physical or educational needs that we should be aware of     Yes     No

If yes, please describe your child's needs and the best way we can accommodate those needs \_\_\_\_\_

I authorize enrollment for my child/ren in St. Barbara's Religious Education Program. I agree to **pay tuition and fees** as stated on this form. Further, I agree to provide a **Baptism certificate** for my child/ren and any transfer forms if necessary.

\_\_\_\_\_  
Parent Signature

## St. Barbara Religious Education Registration 2016-2017

**Fourth child**    Boy    Girl    New to St. Barbara Rel Ed    Returning to St. Barbara Rel Ed from last year

Student's Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Public School Attending \_\_\_\_\_ RE Grade Fall of 2016 \_\_\_\_\_

\*Date Baptized \_\_\_\_\_ \*Church \_\_\_\_\_

\*First Communion \_\_\_\_\_ \*Church \_\_\_\_\_

Does your child have any medical condition (diabetes, asthma, etc.) we need to be aware of?    Yes    No

If yes, please describe \_\_\_\_\_

Please list any medications your child is taking \_\_\_\_\_

Does your child have any food allergies?    Yes    No

If yes, please describe what foods need to be avoided \_\_\_\_\_

Does your child have any special physical or educational needs that we should be aware of    Yes    No

If yes, please describe your child's needs and the best way we can accommodate those needs \_\_\_\_\_

I authorize enrollment for my child/ren in St. Barbara's Religious Education Program. I agree to **pay tuition and fees** as stated on this form. Further, I agree to provide a **Baptism certificate** for my child/ren and any transfer forms if necessary.

\_\_\_\_\_  
Parent Signature