

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

- For all returning students; who have an outstanding balance; please stop in the Parish Office for assistance.
- Return this completed form to the Religious Education Office with **tuition deposit**. Simply mail forms to the Parish Office at 4008 Prairie Avenue, Brookfield, IL 60513, 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 along with this form and tuition deposit.
- Registrations **will not be accepted** unless we receive completed form, deposit and baptismal and or communion certificate if applicable.

REQUIRED TO Tuition Deposit - \$75 – one student, \$100 – two students, \$125 – three or more students
ACCEPT REGISTRATION Baptismal Certificate on file for student(s) Communion Certificate on file for student(s)
Payment options – Payment in Full 7 Monthly payments (envelope will be provided with remaining balance due)
ONLINE PAYMENTS ARE AVAILABLE – CALL 708/485-2900 FOR DETAILS

St. Barbara Religious Education Registration 2019-2020

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

Tuition fee (per family)	Sacrament fee (per student)	My family's choice would be:
<input type="checkbox"/> one student \$225.00	<input type="checkbox"/> Communion \$40.00	<input type="checkbox"/> Sunday – 11:15am – 12:30pm
<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 _____

Mother has received the sacrament of Baptism Reconciliation Eucharist Confirmation

Stepparent/Guardian's Name _____ Stepparent/Guardian's Email _____

Stepparent's Phone Numbers

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 _____

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 2019 _____

*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 _____

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

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 2019 _____

*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 _____

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

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 2019 _____

*Date Baptized _____ *Church _____

*First Communion _____ *Church _____

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

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

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

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 2019 _____

*Date Baptized _____ *Church _____

*First Communion _____ *Church _____

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

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