

St. Edna Parish

Religious Education Registration

2525 N. Arlington Heights Road, AH, IL 60004

Term: **2017-2018**

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____
Father's Name: _____ Father's Cell: _____
Mother's Name: _____ Mother's Cell: _____
Mother's Maiden: _____ Email Address: _____ (Please check first call preference)
Home Phone: _____ Alt. Email: _____
Home Address: _____ Envelope #: _____
City, ST, Zip _____ Custody: Child lives with: _____

Session Information

Class/Sessions	Tuesday 6:00 PM - 7:15 PM Grades 1-7	Summer Aug. 7 -11	8:30 AM – 1:30 PM Grades 1, 3-7
	Wednesday 4:30 PM-5:45 PM Grades 1-4	Confirmation	Sundays 4:00 PM- 5:15 PM Grades 8-10

*You will indicate your session choice on the individual
Child registration on the back of this form*

Tuition Information

Family Fee:	\$150 per family		\$150
Materials Fee:	Grades 1-9 \$30 per child	# children x \$30	_____
Sacrament Fee:	Grades 2 and 9 \$50 per child		_____
Total Due:	Family Fee+Materials Fee+Applicable Sacrament Fee		_____

Total Paid _____

No Fees For 10th Graders

**Individual student registration is on the back of this form.
Fill out one section for each child on the other side.**

Office Use Only

Ck # _____

Cash

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

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STUDENT # INFORMATION

Child Name _____

Gender: Male / Female _____

Birth Date: _____

Grade in Sept. 2017: _____

School: _____

Session

First Choice _____

Second Choice _____

Confirmation _____

Sacramental Information: Please check and provide date the sacrament was celebrated

Baptism _____ **Reconciliation** _____ **1st Eucharist** _____

STUDENT #2 INFORMATION

Child Name _____

Gender: Male / Female _____

Birth Date: _____

Grade in Sept. 2017: _____

School: _____

Session

First Choice _____

Second Choice _____

Confirmation _____

Sacramental Information: Please check and provide date the sacrament was celebrated

Baptism _____ **Reconciliation** _____ **1st Eucharist** _____

STUDENT #3 INFORMATION

Child Name _____

Gender: Male / Female _____

Birth Date: _____

Grade in Sept. 2017: _____

School: _____

Session

First Choice _____

Second Choice _____

Confirmation _____

Sacramental Information: Please check and provide date the sacrament was celebrated

Baptism _____ **Reconciliation** _____ **1st Eucharist** _____

Please ask for the another form for additional children