

2019-2020 STUDENT REGISTRATION FORM

ALL CLASSES ARE HELD AT ST. ANASTASIA SCHOOL	
SATURDAY 9:00 – 10:30 am	MONDAY 6:00 – 7:30 pm
<input type="checkbox"/> 1 – 6 Grade	<input type="checkbox"/> Family Catechesis Meets once a month-work at home
<input type="checkbox"/> Confirmation Prep I	<input type="checkbox"/> Confirmation Prep I / Family Catechesis Meets once a month-work at home
<input type="checkbox"/> Confirmation Prep II	<input type="checkbox"/> Confirmation Prep II

Student Name:		Age:
Birth Date:		Academic Level - September 2019: Grade _____
Birthplace:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Father's Full Name:		Mother's Full Name:
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other _____		
Both parents have legal custody <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		City: State: Zip:
Primary Phone:	Secondary Phone:	e-Mail Address:
<i>For Office Use Only</i> 2018-19 Formation:		<i>For Office Use Only</i> <input type="checkbox"/> RCIC <input type="checkbox"/> Special Sacraments
2018-19 Class:		First Communion: Prep I Prep II

SACRAMENTAL RECORDS (Please fill in all that apply)		
Date of Baptism:	Date of First Communion:	Baptismal Certificate on File <input type="checkbox"/>
Church:	Church:	First Communion Certificate on File <input type="checkbox"/>

FAITH FORMATION FEES PER YEAR - PER FAMILY	Amount
1 Child	\$ 225
2 Children	\$ 375
3 Children or more	\$ 500
Additional Sacrament Preparation Fee (2nd Year Formation)	Eucharist - \$ 50
	Confirmation - \$ 75
TOTAL DUE AT REGISTRATION	\$
PAYMENT	\$
BALANCE DUE	\$

GIVE CENTRAL OPTION: Debit/Credit Card Payment – \$5.00 Service Fee will be assessed.

Name on Card: _____ Card Number: _____

Exp. Date: _____ Cvv No. _____ Please call me to provide card information I will call the rectory to provide card information

Religious Education Background

Did this child attend a Religious Ed Program or a Catholic School last year?

_____ St. Dismas' or St. Anastasia's Religious Education Program

_____ Other program Name of School or Parish _____
(Please bring a certificate of attendance to the St. Dismas Rectory)

_____ This child was not enrolled in any program last year.

Medical Information

Chronic Illnesses or Disabilities _____ Allergies _____

Authorized Medicines _____ Other special instructions _____

In case of emergency, your child will be transported to Vista East Hospital, Waukegan.

If after a reasonable effort has been made to contact you; and we cannot reach you and, in the judgment of parish authorities, immediate medical &/or hospital attention is indicated, do you authorize the parish authorities to send your child (properly accompanied) to an available hospital? And do you authorize the treatment of your minor child/children by a qualified & licensed medical doctor? I accept responsibility to provide insurance and payment as required. _____ **Yes** _____ **No**

Special Educational Needs (Hearing, Sight, ADD, etc.)

Please let us know of any needs that our staff should be aware of:

PERMISSION to take photos, name of your child during Faith Formation sessions/events for the bulletin, emails or Facebook: _____ **Yes** _____ **No**

PARENT VOLUNTEER – PARISH SERVICE

Fall Rummage Sale Faith Formation Events \$100 Fee in lieu of
 Spring Rummage Sale Catechist: (Disc) Parish Service

In our effort to respond to family's needs, who are the core of our Catholic Faith, as explained in the Catechism of the Catholic Church (CCC # 2225), "The parents receive the responsibility of evangelizing their children and calls them the first heralds of the faith." St. Dismas' Faith Formation Program will REQUIRE Faith Formation at the same date/time as your child is attending classes. Please join us for this effective method to empower the parents to be aware of their mission as evangelizers within their own family, letting us help you to fulfill this commitment you received at baptism.

Signed: _____ Date: _____
Parent or Legal Guardian