

ALL CLASSES ARE HELD AT ST. ANASTASIA		CLASSES AT ST. DISMAS
SATURDAY – 9:00 – 10:30 a.m.	MONDAY – 6:00 – 7:30 p.m.	TUESDAY – 6:30 – 7:30 p.m.
<input type="checkbox"/> K-6 th grade	<input type="checkbox"/> 1st-6 th grade	<input type="checkbox"/> Confirmation Prep II
<input type="checkbox"/> Confirmation Prep I	<input type="checkbox"/> Confirmation Prep I	

Student Name:	
Father's Full Name:	Mother's First Name:
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other _____ <input type="checkbox"/> Both parents have legal custody <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City: State: Zip:
Primary Phone:	Secondary Phone:
Email:	
Birth Date:	Age:
Birthplace:	Academic Level - September 2017: Grade _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>For Office Use Only</i> 2016-17 Formation: 2016-17 Class:	<i>For Office Use Only</i> First Communion: Prep I Prep II <input type="checkbox"/> RCIC

SACRAMENTAL RECORDS (Please fill in all that apply)	
Date of Baptism:	Church:
Date of Reconciliation:	Church:
Date of First Communion:	Church:

FAITH FORMATION FEES PER YEAR:

	Early Registration as of 7/31/2017	Late Registration as of 8/1/2017
1 Child	\$185	\$250
2 Children	\$250	\$350
3 Children or more	\$350	\$500
TOTAL DUE PER FAMILY	\$	\$
DEPOSIT PAID (50% of Total)	\$	\$
BALANCE DUE	\$	\$

GIVE CENTRAL OPTION: Debit/Credit Card Payment – \$5.00 Service Fee is required

Name on Card: _____ Card Number: _____

Expiration Date: _____ Cvv No. _____ Please call me or call the rectory to give card information

Religious Education Background

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

_____ St. Dismas 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.

_____ This child has **never** been previously enrolled in any kind of religious education program or catholic school

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 reach 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.)

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 Parish Service**
 Spring Rummage Sale **Catechist: (50% Disc)**

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 Process will provide parent's formation at the same date/time as your child is attending classes. Please join us for this effective method of helping 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. **Parents Formation**

Signed: _____ Date: _____
Parent or Legal Guardian