

SAINT JULIAN EYMARD SCHOOL OF RELIGION

RELIGIOUS EDUCATION REGISTRATION 2017-2018

601 W. Biesterfield Road Elk Grove Village, IL 60007

(847)593-8938 Fax: (847)956-0189

FAMILY LAST NAME: _____

Home Address: _____

Email: _____

Home Phone: _____

MOTHER (first, maiden name): _____

Cell Phone: _____

Religion: _____

FATHER (first, last name): _____

Cell Phone: _____

Religion: _____

	One Child	Two Children	Three Children	Four Children	Confirmation Only (per child)
Tuition	\$250	\$385	\$480	\$520	\$135
Sacramental Fee: Eucharist \$60 Confirmation \$75					
Total Due:					
Date Payment Received:	Credit Cash Check				

Tuition is appreciated at the time of registration. Checks can be made out to St. Julian. Updated statements will be sent home throughout the year after any and all payments. Registration for the year will not be processed until outstanding tuition balances are resolved. Please contact the School of Religions with any questions.

Please return this form to the School of Religion office.

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Family Last Name _____

Tuesday Grades P/K, 1, 2, 3 4:30-5:45pm				
Student's Name	Birthdate	Grade 2017-18	School Attending	Sacraments Rec'd B E R C
Wednesday 4:30-5:45pm Grades 4, 5, 6				
Student's Name	Birthdate	Grade 2017-18	School Attending	Sacraments Rec'd B E R C
Sunday 9:30-11:45am Grades 7 & 8				
Student's Name	Birthdate	Grade 2017-18	School Attending	Sacraments Rec'd B E R C
Sunday 6:00-8:00pm 9th Grade Confirmation				
Student's Name	Birthdate	Grade 2017-18	School Attending	Sacraments Rec'd B E R C

Please note the School of Religion will create classes with the whole group in mind and will not guarantee placement preference.

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Family Last Name _____

Medical Information Authorization for Medical Treatment – 2017-18

In the event that the undersigned, or my authorized physician, cannot be reached and in the judgment of a responsible St. Julian Eymard staff person, there is a necessity for immediate examination and/or treatment of my child/children enrolled in St. Julian Eymard's School of Religion, I hereby request and authorize any of the aforesaid personnel to obtain for my (our) child/children such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Signed: _____ mother/father

Phone Number _____

EMERGENCY INFORMATION:

Emergency Contact Name: _____

Relation to the child(ren): _____ Phone Number: _____

Name of Physician: _____

Address: _____ Phone: _____

Medical Insurance Company: _____

Insurance # _____

Specific medical allergies, chronic illnesses or other conditions:			
Child's First Name	Medical Condition Yes/No	Explain Medical Condition	List Medication Taken

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PHOTOGRAPHY/VIDEO PERMISSION 2017-18

I, the parent of _____ hereby authorize St. Julian Eymard School of Religion to photograph and/or video tape my student(s) during educational or religious activities for the purposes of praising and encouraging my student's participation and spirit as demonstrated in their religious education classes, activities and other faith formation experiences as well as for advertising and promotional purposes for the School and/or St. Julian Eymard Parish ("Parish"). I authorize the School and Parish to post such photographs or videos of my student(s) on bulletin boards in the Parish Church, the School, the Parish Sunday Bulletin, the Parish website and other mediums associated with School or Parish including but not limited to online mediums such as the Family® YouTube Channel.

Parent/Legal Guardian Signature _____ Date _____

SENSITIVITY INFORMATION

We want to be sensitive to you and your child. Please share information that might help us to make your child more comfortable in class... unusual shyness, "exuberance," learning disability, IEP, reading difficulty, hearing or visually impaired, change in family situation such as divorce, etc. (confidential – only seen by the SOR office and catechist)

Student Name, Grade, Notation:

Please return this form to the School of Religion office.