

# SAINT JULIAN EYMARD SCHOOL OF RELIGION

RELIGIOUS EDUCATION REGISTRATION 2018-2019

601 W. Biesterfield Road Elk Grove Village, IL 60007

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

FAMILY NAME: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parishioner                       Non-Parishioner, \$25 fee will be added to tuition

Date Registered	One Child	Two Children	Three Children	Four Children	Confirmation Only (per child)
<b>Tuition</b>	\$250	\$385	\$480	\$520	\$135
<b>Sacramental Fee:</b> Eucharist \$60 Confirmation \$75 (Copy of Baptismal Certificate is needed)					
<b>Total Due:</b>					

Classes begin the week of August 26th.

Tuition is appreciated at the time of registration. Checks can be made out to St. Julian.

Updated statements will be sent home periodically during the year.

Please contact the School of Religion office with any questions or financial concerns.

Please return this form to the School of Religion office.

## FOR OFFICE USE ONLY


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Family Last Name \_\_\_\_\_

Please circle sacraments received: B = Baptism, E = Eucharist, R = Reconciliation

Tuesday 4:30-5:45pm Grades P/K, 1, 2, 3					
Student's Name	Birthdate	Gender	Grade 2018-19	School Attending	Sacraments Rec'd
					B E R

Wednesday 4:30-5:45pm Grades 4, 5, 6					
Student's Name	Birthdate	Gender	Grade 2018-19	School Attending	Sacraments Rec'd
					B E R

Sunday 9:30-11:45am (mass and class) Grades 7 & 8					
Student's Name	Birthdate	Gender	Grade 2018-19	School Attending	Sacraments Rec'd
					B E R

Sunday **10:30am-12:30pm** 9 <sup>th</sup> Grade Confirmation					
Student's Name	Birthdate	Gender	Grade 2018-19	School Attending	Sacraments Rec'd
					B E R

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Family Last Name \_\_\_\_\_

### Medical Information Authorization for Medical Treatment, 2018-19

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	Grade	Medical Condition Yes/No	Explain Medical Condition	List Medication Taken

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Family Last Name \_\_\_\_\_

**PHOTOGRAPHY/VIDEO PERMISSION 2018-19**

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, etc.  
(confidential – only seen by the SOR office and catechist)

Student Name:

Grade:

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Although classroom requests cannot be guaranteed, you are welcome to make notes here for the office to consider when creating class lists. \_\_\_\_\_

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