

St. Dismas Religious Education Center
 2226 McAree Road
 Waukegan, IL 60087
2008-2009 STUDENT ENROLLMENT FORM

847-244-9510 - phone
 847-623-5292 - fax
www.stdismasparish.net - website
REGISTRATION DATE: _____

ATTENDING: Tuesday Session Sunday Session

Student Name:	
Father's Name:	Mother's Name:
Address:	
Phone:	
Birth Date:	Birthplace:
2008-2009 RE Grade Level:	Age:
Gender:	
Academic Grade Level:	

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

RELIGIOUS EDUCATION FEES:

1 Child	\$90	
2 Children	\$120	
3 Children or more	\$150	
Book & Supply Fee \$20 per child X _____	\$	
Reconciliation & Eucharist	\$35	
Confirmation	\$40	
Non-Parishioner	\$100	Requested Parish Registration Form
TOTAL DUE PER FAMILY	\$	
DEPOSIT PAID	\$	
BALANCE DUE	\$	

Signed: _____ Date: _____
 Parent or Legal Guardian

Signature required on both sides

Medical Information

Chronic Illnesses or Disabilities _____ Allergies _____

Authorized Medicines _____

Other special instructions _____

Special Educational Needs (hearing, sight, ADD, etc.)

Emergency Contacts

Primary Contact Name: _____ Phone _____

Secondary Contact Name _____ Phone _____

Religious Education Background

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

_____ St. Dismas Religious Education Program

_____ Other program Name of School _____

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

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

Other

If you car-pool please note the name of the other authorized person to whom student may be released.

Other information as needed:

Signed: _____ Date: _____
Parent or Legal Guardian

Signature required on both sides