

St. Dismas Faith Formation Center
 2226 McAree Road
 Waukegan, IL 60087

847-244-9510 - phone
 847-623-5292 - fax

www.stdismasparish.net - website

2011-2012 STUDENT REGISTRATION FORM

CONFIRMATION PREPARATION

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:
Phone:		Email:	
Birth Date:		Birthplace:	
Academic Level: Grade _____		Age:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
<i>For Office Use Only</i>		<i>For Office Use Only</i>	
Faith Formation Grade Level:		Confirmation: Prep I Prep II	

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

CONFIRMATION SESSION REGISTRATION FEE: 6 WEEK SESSIONS - \$30 each (includes Bible, Journal, Seminar Materials in binder)

- | | | |
|--|---|--|
| <input type="checkbox"/> <u>Discipleship (new)</u>
Tuesdays 5:45-7:15p
Sep 27 – Nov 8, 2011 | <input type="checkbox"/> <u>God</u> _____
Wednesdays 5:45-7:15p
Sep 28 – Nov 9, 2011 | |
| <input type="checkbox"/> <u>Morality</u> _____
Tuesdays 5:45-7:15p
Jan 3 – Feb 7, 2012 | <input type="checkbox"/> <u>Church</u>
Tuesdays 5:45-7:15p
Jan 3 – Feb 7, 2012 | <input type="checkbox"/> <u>Jesus</u>
Wednesdays 5:45-7:15p
Jan 4 – Feb 8, 2012 |
| <input type="checkbox"/> <u>Scripture</u> _____
Tuesdays 5:45-7:15p
Feb 28 – Apr 10, 2012 | <input type="checkbox"/> <u>Sacraments</u> _____
Wednesdays 5:45-7:15p
Feb 29 – Apr 11, 2012 | |

CONFIRMATION FEE DUE	\$
DEPOSIT PAID (\$30 minimum)	\$
BALANCE DUE	\$

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? Where: _____

_____ St. Dismas Religious Education Program

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

_____ 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

Car-Pool

If you car-pool please note the name of other authorized persons to whom your child/ren may be released.

Medical Information

Chronic Illnesses or Disabilities _____ Allergies _____

Authorized Medicines _____ Other special instructions _____

Preferred Hospital: _____ Family Doctor Name: _____ Phone: _____

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? _____ **Yes** _____ **No**

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

Permission to take photos of your child during Faith Formation sessions/events: _____ **Yes** _____ **No**

PARENT VOLUNTEER – PARISH SERVICE

- | | | |
|---|---|--|
| <input type="checkbox"/> Fall Rummage Sale | <input type="checkbox"/> Faith Formation Events | <input type="checkbox"/> Spring Rummage Sale |
| <input type="checkbox"/> Mardi Gras Dinner/Feb 21 | <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> Center Cleaning & Prep |
| <input type="checkbox"/> Catechist (Free Tuition) | <input type="checkbox"/> Classroom Aide | <input type="checkbox"/> \$100 Fee in lieu of Parish Service |

Signed: _____ Date: _____
Parent or Legal Guardian