

St. Dismas Faith Formation Center  
 2226 McAree Road  
 Waukegan, IL 60087  
**STUDENT ENROLLMENT FORM**

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

[www.stdismasparish.net](http://www.stdismasparish.net) - website

**REGISTRATION DATE:** \_\_\_\_\_

**ATTENDING:**  Sunday Family Session  Monday Family Session  Tuesday Session

<b>Student Name:</b>			
<b>Father's Name:</b>		<b>Mother's Name:</b>	
<b>Child lives with:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other <b>Both parents have legal custody</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Phone:</b>		<b>Email:</b>	
<b>Birth Date:</b>		<b>Birthplace:</b>	
<b>Faith Formation Grade Level:</b>		<b>Age:</b>	
<b>First Communion:</b> <input type="checkbox"/> Prep I <input type="checkbox"/> Prep II			
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Academic Grade Level:</b>	

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

**FAITH FORMATION FEES:**

1 Child	\$100
2 Children	\$135
3 Children or more	\$150
Book & Supply Fee \$25 per child X _____	\$
Non-Parishioner	\$100 <input type="checkbox"/> Requested Parish Registration Form
<b>TOTAL DUE PER FAMILY</b>	\$
<b>DEPOSIT PAID</b>	\$
<b>BALANCE DUE</b>	\$

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Legal Guardian **(Signature required on both sides)**

**PARENT VOLUNTEER – PARISH SERVICE**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fall Rummage             | <input type="checkbox"/> Holiday Bazaar         | <input type="checkbox"/> Spring Rummage                      |
| <input type="checkbox"/> Mission Hospitality      | <input type="checkbox"/> Sunday FFF Hospitality | <input type="checkbox"/> Monday FFF Hospitality              |
| <input type="checkbox"/> Catechist (Free Tuition) | <input type="checkbox"/> Catechist Aide         | <input type="checkbox"/> \$100 Fee in lieu of Parish Service |

## 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 any kind of religious education program or catholic school

## Car-Pool

If you car-pool please note the name of the other authorized person to whom student 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; you cannot be reached and, if in the judgment of the 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.)

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian (Signature required on both sides)