

ST. JOHN BREBEUF PARISH

847-966-3269 www.sjbrebeuf.org/rereg

2020 - 2021 RELIGIOUS EDUCATION REGISTRATION

Class Sessions: Wednesday Evenings from 5:30 - 7:00 P.M.

PLEASE PRINT

STUDENT'S LAST NAME: _____ PRIMARY CELL PHONE NUMBER: _____

PRIMARY EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

FATHER'S First & Last Name: _____ Religion: _____ Cell Phone Number: _____

MOTHER'S First & Last Name: _____ Religion: _____ Cell Phone Number: _____

ADDITIONAL CONTACT NAME IN CASE OF EMERGENCY (Name & Phone #): _____

STUDENT INFORMATION:				SACRAMENTAL INFORMATION		
FIRST NAME	GENDER F or M	BIRTH DATE MO/DAY/YEAR	GRADE FALL 2020	BAPTISM** MO/DAY/YR/CHURCH	FIRST EUCHARIST YEAR/CHURCH	RECONCILIATION YEAR/CHURCH
1						
2						
3						
4						

****Copy of Baptism Certificate Required for NEW Students Only**

Who has legal access/custody of children? Both parents Mother only Father only Grand-parents

Medical Concerns or Conditions
Please list specific health, learning or physical disabilities or conditions that may affect classroom behavior: _____

PLEASE DROP OFF TO THE PARISH OFFICE THE COMPLETED PAPERWORK INCLUDING (copy of SJB Parish envelope, registration form, medical release form, and media release form) **WITH \$150 DEPOSIT (check or cash) PAYABLE TO ST. JOHN BREBEUF PARISH BEFORE SEPTEMBER 1, 2020.**

TUITION & FEE PAYMENTS:

Registered SJB Parishioner
Envelope # _____

