



St. John Brebeuf Religious Education (RE) 2022/2023

Student Full Name: _____

Family Name: Home Phone #: _____

Address (City, State, Zip): _____

Father's Name: Religion: _____

Father's Contact Number(S): _____

Mother's Name: Religion: _____

Mother's Contact Number(S): _____

WILL ATTEND WEDNESDAY EVENINGS FROM 5:30PM - 6:45PM:

Student's Name: _____ Gender: _____ Birth Date: _____ Age: _____

Religious Education Grade Level for 2022-23 Year: _____

Baptism Church: _____ Baptism Date: _____

Has received First Reconciliation: Yes or No

Has received First Communion: Yes or No

Has received Confirmation: Yes or No

Tuition Payment: Full Payment or Partial Payment Check or Cash

Baptism Certificate

Sacrament Fee: First Communion or Confirmation

COPY OF BAPTISM CERTIFICATE IS REQUIRED FOR NEW STUDENTS UPON REGISTRATION.



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Email Address: _____

PLEASE INDICATE BELOW ANY ADDITIONAL INFORMATION WE NEED TO KNOW ABOUT YOUR CHILD/REN; FOR EXAMPLE, ANY LEARNING DISABILITIES, ALLERGIES, MEDICAL AND/OR BEHAVIORAL PROBLEMS, OR SPECIFIC WAY YOUR CHILD LEARNS BEST, ETC:

IF DIVORCED, WHO HAS CUSTODY OF THE CHILDREN?

NAME OF DAILY SCHOOL STUDENT ATTENDS:

Please write your check payable to: St. John Brebeuf Religious Education

**Please send all Registration items to: St. John Brebeuf Religious Education
8301 North Harlem Avenue
Niles, Illinois 60714**