

2020 - 2021 REGISTRATION FORM

Religious Education Program: 4-Yr old Thru 8th Grade

729 GRAND CANYON ST., HOFFMAN ESTATES, IL 60169 (RE Office 847/885-7703)

THE STUDENTS YOU ARE REGISTERING LIVE WITH:

CIRCLE ONE Father
 Stepfather
 Other _____
Last Name First Name Middle Name

Mother
CIRCLE ONE Stepmother
 Other _____
Last Name First Name Middle Name Maiden Name

ADDRESS _____
No. Street Apt. # Village Zip + 4

HOME PHONE (_____) _____
 Area Code

FATHER'S WK PHONE (_____) _____
 Area Code
 Father's Cell Phone (_____) _____

MOTHER'S WK PHONE (_____) _____
 Area Code
 Mother's Cell Phone (_____) _____

Email (Please print clearly) _____

PRESCHOOL / KINDERGARTEN

2020-2021 SCHOOL YEAR	STUDENT'S NAME	BOY or GIRL	BIRTH DATE	PLEASE NOTE	FOR 4 OR 5 YR OLDS CHOOSE ONLY 1 TIME
4 YR OLDS				Must be born Before Sept 1, 2016	____ WED 4 – 5:40 PM ____ SAT 9 – 10:40 AM
5 YR OLDS OR DEVELOP 1 ST GR				Must be born Before Sept 1, 2015	

GRADE SCHOOL (1ST – 6TH)

CHECK CHOICE BELOW

2020-2021 SCHOOL YEAR	STUDENT'S NAME	BOY or GIRL	BIRTH DATE	NAME OF SCHOOL	WED 4 - 5:45 pm	SAT 9 - 10:45 am
FIRST GRADE						
SECOND GRADE						
THIRD GRADE						
FOURTH GRADE						
FIFTH GRADE						
SIXTH GRADE						

JR. HIGH CONFIRMATION: SUNDAYS 7:20 – 9:00 PM

STUDENT'S NAME	BIRTH DATE	GRADE LEVEL IN 2020-2021	NAME OF SCHOOL

FAMILY NAME _____

I 'd like to volunteer in PreSch - 6th Gr Program

I'd like to volunteer in Jr High

FATHER'S RELIGION _____

MOTHER'S RELIGION _____

IF STUDENTS ARE NOT LIVING WITH BOTH MOTHER & FATHER, PLEASE COMPLETE THIS SECTION

FATHER:	_____ Deceased _____ Date	MOTHER:	_____ Deceased _____ Date
	_____ Separated _____ Date		_____ Separated _____ Date
	_____ Divorced _____ Date		_____ Divorced _____ Date
	_____ Remarried _____ Date		_____ Remarried _____ Date

Are any children experiencing physical or emotional difficulties, learning disabilities, hyperactivity, etc. ___Yes ___No
If yes, explain below (please list any special services your child is receiving from their school or through private counseling). **Please do not use just initials in describing any difficulties.** List any medications they may be taking for these difficulties. **Please be assured that this information will be kept confidential.**

ATTACH ADDITIONAL PAPER, IF NECESSARY.

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Tuition Card	Class Card	Baptismal Rec'd	Update Computer	Date	Check #	Chk. Amt.	Emergency Form
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SACRAMENTAL INFORMATION

If **ANY** children you are registering did not attend St. Hubert Religious Education last school year (2019-20), then it is essential that you complete this section.

This includes families who are re-entering our programs after an absence of one or more years, **as well as families who attended St. Hubert School. IF YOUR CHILD HAS BEEN IN CHILDREN'S MINISTRY OF INITIATION PLEASE CHECK HERE.** _____

CHILD'S NAME: _____

BAPTISMAL DATE: _____ Attach copy of Certificate

What parish, city, state? _____

FIRST COMMUNION DATE: _____

What parish, city, state? _____

1st RECONCILIATION DATE: (Confession) _____

What parish, city, state? _____

CONFIRMATION DATE: _____

What parish, city, state? _____

Did child attend any religion classes or go to a parochial (Catholic) school last year? ____Yes ____No What parish, city, state? _____

Circle below grades he/she attended religion classes or a parochial (Catholic) school : **K 1 2 3 4 5 6 7 8 9 10**

CHILD'S NAME: _____

BAPTISMAL DATE: _____ Attach copy of Certificate

What parish, city, state? _____

FIRST COMMUNION DATE: _____

What parish, city, state? _____

1st RECONCILIATION DATE: (Confession) _____

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CONFIRMATION DATE: _____

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