

Religious Education Registration 2020-2021

RETURN FORM TO: St. Bernard RE Program
 14135 S. Parker Road, Homer Glen, IL 60491
 Phone: 708-301-3020

| | |
|-----------------------------|----------------------------|
| FOR OFFICE USE ONLY | PARISHIONER #: _____ |
| Date Received: _____ | |
| Tuition & Fees Total: _____ | |
| Amt. Received: _____ | |
| Ck#: _____ | Cash: _____ Bal. Due _____ |
| Credit Card: _____ | |

CLASS LOCATION: Remote Learning

Wednesdays (according to the schedule)

Tuition Rates for 2020-21 (Return forms now, tuition is due in August.)

| | <u>Registration form returned BEFORE Aug. 15</u> | <u>Form returned on or after Aug. 15</u> |
|-------------|---|---|
| 1 Child | \$125.00 | \$150.00 |
| 2+ Children | \$200.00 | \$225.00 |

Please indicate in the name and address below of custodial parents, and how mail should be addressed.

Mr. & Mrs. _____ Mr. _____ Ms. _____

Parents' Marital Status: _____

Additional Fees (per child):

| | |
|--|---------|
| First Eucharist Fee | \$50.00 |
| Confirmation Fee | \$50.00 |
| New Family Registration Fee | \$25.00 |
| <small>(Nonrefundable, applied to tuition balance)</small> | |

Family Last Name

Father First Name - Catholic Y or N

Mother First Name - Catholic Y or N

Mailing Address

City/Zip Code

E-mail

Home Phone

Cell Phone

Emergency Contact Name and phone #

| <u>Child's Full Name</u> (Please attach a <u>Baptismal Certificate</u> for any NEW student) | <u>Grade in Sept. 2020</u> | <u>Male or Female</u> | <u>Date of Birth</u> | <u>Sacraments Rec'd (Circle)</u> | | | |
|--|-----------------------------------|------------------------------|-----------------------------|---|-----------------------|---------------------|------|
| | | | | <u>Bapt. @STB?</u> | <u>Penance</u> | <u>Comm.</u> | |
| _____ | _____ | _____ | _____ | Y/ N | Y/ N | Y/ N | Y/ N |
| _____ | _____ | _____ | _____ | Y/ N | Y/ N | Y/ N | Y/ N |
| _____ | _____ | _____ | _____ | Y/ N | Y/ N | Y/ N | Y/ N |
| _____ | _____ | _____ | _____ | Y/ N | Y/ N | Y/ N | Y/ N |

Special Medical Needs/Considerations (Does your child(ren) have an Allergy, IEP and/or their own Aide at school?)

Yes, I _____ would like to volunteer for the following: (All volunteers over 18 must pass a background check and attend a Protecting God's Children awareness session. All minors must provide references.)

___ Catechist (Grade: ___) ___ Front Desk Session 1 or 2 ___ Traffic Control Session 1 or 2

___ Classroom Aide (Grade: ___) ___ Child Care (Session 1 only) ___ Catechist or Aide Substitute (Grade(s): ___)

TUITION IS DISCOUNTED FOR VOLUNTEERS' CHILDREN — VOLUNTEER GRANPARENTS, SIBLINGS, AUNTS or UNCLES MAY APPLY THE DISCOUNT TO ONE (1) RELATED FAMILY:

Grade Level Coordinator—\$50 discount
 Catechist—\$50 discount

If you volunteer at both sessions, or have multiple volunteers in a family, you receive the higher discount, based on position, plus \$25.

