



The Family of Saint Gerald

9310 South 55th Court
Oak Lawn, Illinois 60453-2318

REY Phone • (708) 423-0458
Fax • (708) 422-0822

Student Registration Form St Gerald Religious Education for Youth (REY)

Student Name _____ Gender: M ___ F ___ Date _____

Father's Name _____

Mother's Name _____

Parent Status: ___ Single ___ Married ___ Widowed ___ Divorced Member of _____ Parish

Home Address _____

City _____ State _____ Zip _____

Phone _____ (Check one) This is a ___ Home Phone ___ Cell Phone

Student's Birthdate _____ Grade (in the Fall) _____

School Currently enrolled in: _____

In Case of Emergency During class time, contact:

1. Name _____ Phone _____ Relation _____

2. Name _____ Phone _____ Relation _____

Sacraments received - Please Check all that apply.

Baptism

First Reconciliation

First Eucharist

Confirmation

Covid-19 Vaccinated: Yes No Date vaccinated _____

Student's Health Concerns & Allergies:

Signature (Parent/Guardian) _____

Office use only

Cash

Check # _____ Date _____ Amount _____



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Student Name _____ Gender: M ___ F ___ Date _____

Baptism

Date of Baptism _____

Place of Baptism _____

Address of the Church: _____

Godparents _____

Officiator of the Baptism: _____

School Notifications & E-Learning

Please list how we should notify you concerning important Parish Information and E-Learning programs.

Name	Text: cell number	E-Mail
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____



St Gerald Religious Education Contract of Commitment

Parent Agreement (mandatory)

- I agree to bring my child(ren) to Mass each week, either Saturday or Sunday service.
- I agree to help my child(ren) with their assignments and practice their prayers.
- I'll make sure that my child(ren) come to class prepared each week with their books and class materials.
- I understand the importance of the Sacrament my child is preparing to receive and will do my part to help them during this most important part of their faith journey.
- I understand that I am not to send my child(ren) to class if they're experiencing a cold, fever, flu like or any other symptoms that can be harmful or contagious.
- If our child(ren) are absent due to illness or a family emergency, I will notify the REY office at 708-423-0458 and will complete any missed work.
- I understand that 3 or more absences will jeopardize the full completion of the REY program and my child's sacramental preparation.
- I understand that my child's excessive absenteeism may result in make-up classes during the week and/or additional homework assigned by their R.E. teacher or the Director of Religious Education.
- I agree to attend all parent meetings throughout the year.

Parent Signature

Print Name

Date

Media Release (optional)

I give permission for photographs or videos of my child to be used in publications, parish website, live streaming media like Stations of the Cross, brochures, flyers, reports, social networking or other promotional materials produced from time to time by St Gerald Parish and the Diocese of Chicago that reflect the benefits of a Catholic Faith Formation. I give permission to the parish and all print, radio, television and internet media outlets to use the images of my child without any limitation or restriction, and with no financial compensation, for the purposes of promoting the parish and the Archdiocese of Chicago in a positive and fruitful manner.

Name(s) and age(s) of child(ren)

Parent Signature

Print Name

Date