

ST. PETRONILLE FAITH FORMATION

425 Prospect Avenue, Suite 108 • Glen Ellyn, IL 60137
 (630) 858-3796 Ext. 4000 • faithformation@stpetschurch.org

Family Name _____

Registration Form – Please fill out all information

Family Name: _____ Parish Member? Y N Parish # _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Family Email: _____
 (Most Often checked)

Additional E-Mails: _____

Father: _____ Cell #: _____ Wk. #: _____ Catholic? Y N

Mother: _____ Cell#: _____ Wk. #: _____ Catholic? Y N

Emergency Contact: _____ Phone: _____

Is student living with both parents? Y N: Who has primary custody? _____

Student info:

1. Baptismal Name: _____ **Grade in the Fall:** _____
Birthdate: _____ **Gender:** M F
Session preferred: Sunday: SMM (P3-K) Wednesday: 4:15 (1-5) 6:00 (1-5) 7:30 (6-8)
Allergies/Special need: _____
 Life Threatening/Medication needed? Yes No (If yes, a Health Action Plan is necessary)
Other Special Needs: _____
Sacraments received: (For NEW students): Baptism: ___/___/___ Church: _____
 Reconciliation: ___/___/___ Church: _____ Eucharist: ___/___/___ Church: _____

Circle one:
 Returning
 New (Include all sacraments received)

Session Information
 Please note:
 Sessions are assigned on a first come basis.

SMM
 Sunday Morning
 9:15 – 10:30am
 Preschool & Kindergarten

4:15pm
 Wednesday
 4:15 – 5:30pm
 Grades 1-5

6:00pm
 Wednesday
 6:00 – 7:15pm
 Grades 1-5

7:30pm
 Wednesday
 7:30 – 9:00pm
 Grades 6-8

RCIA/C
 Older Child
 Sacrament
 Preparation
 Grades 3-8
 Contact the
 Office to
 schedule.

2. Baptismal Name: _____ **Grade in the Fall:** _____
Birthdate: _____ **Gender:** M F
Session preferred: Sunday: SMM (P3-K) Wednesday: 4:15 (1-5) 6:00 (1-5) 7:30 (6-8)
Allergies/Special need: _____
 Life Threatening/Medication needed? Yes No (If yes, a Health Action Plan is necessary)
Other Special Needs: _____
Sacraments received: (For NEW students): Baptism: ___/___/___ Church: _____
 Reconciliation: ___/___/___ Church: _____ Eucharist: ___/___/___ Church: _____

Circle one:
 Returning
 New (Include all sacraments received)

3. Baptismal Name: _____ **Grade in the Fall:** _____
Birthdate: _____ **Gender:** M F
Session preferred: Sunday: SMM (P3-K) Wednesday: 4:15 (1-5) 6:00 (1-5) 7:30 (6-8)
Allergies/Special need: _____
 Life Threatening/Medication needed? Yes No (If yes, a Health Action Plan is necessary)
Other Special Needs: _____
Sacraments received: (For NEW students): Baptism: ___/___/___ Church: _____
 Reconciliation: ___/___/___ Church: _____ Eucharist: ___/___/___ Church: _____

Circle one:
 Returning
 New (Include all sacraments received)

4. Baptismal Name: _____ **Grade in the Fall:** _____
Birthdate: _____ **Gender:** M F
Session preferred: Sunday: SMM (P3-K) Wednesday: 4:15 (1-5) 6:00 (1-5) 7:30 (6-8)
Allergies/Special need: _____
 Life Threatening/Medication needed? Yes No (If yes, a Health Action Plan is necessary)
Other Special Needs: _____
Sacraments received: (For NEW students): Baptism: ___/___/___ Church: _____
 Reconciliation: ___/___/___ Church: _____ Eucharist: ___/___/___ Church: _____

Circle one:
 Returning
 New (Include all sacraments received)

Tuition and Fees

Payment in full or 1/2 is appreciated at time of registration. If you need a payment plan please contact the office: 630-858-3796 ext4109 or tutajs@stpetchurch.org

Sunday Morning Miracle	Faith Formation	Sunday Morning Miracle & Faith Formation
1 Child \$ 125.00	1 Child \$ 200.00	1SMM/ 1 FF \$ 300.00
2 Children \$ 230.00	2 Children \$ 320.00	1 SMM/ 2 FF \$ 365.00
3 Children \$ 270.00	3 Children \$ 450.00	1 SMM/ 3 FF \$ 490.00
	4 Children \$ 560.00	2 SMM/ 1 FF \$ 340.00
		2 SMM/ 2 FF \$ 460.00
		2 SMM/ 3 FF \$ 580.00

Previous Unpaid Balance	+
Tuition	+
Activity Fees	+
Other Donation	+
Late Fee \$50 after June 30 th	+
TOTAL DUE	

Additional Fees
Activity Fees Grade 2 - \$50.00 Grade 5 - \$30.00 Grade 6 - \$35.00 Grade 7 - \$35.00 Grade 8 - \$65.00
Late Fee \$50.00 for Registrations received after June 30 th
Donations are accepted for the following programs:
<input type="checkbox"/> Faith Formation
<input type="checkbox"/> Faith Fund: For families who need help with tuition

If you are volunteering to teach, do you want to receive our Catechist Discount? (*discount amounts/percentages listed on Volunteer Opportunities form*)

_____ Yes _____ No-Donate it to the FF Program

Office Use Only	
Catechist Discount <small>(Will be applied in Jan.)</small>	
Donate Catechist Discount	
Administrative Adjustment	
TOTAL DUE	
Total PAID Date Check #	

REQUIRED INFORMATION

Permission to attend "Safe Touch"/Review Sessions
(See "Instructions" sheet for further explanation.)

Child's Name Grade Permission

_____ _____ Yes No

_____ _____ Yes No

_____ _____ Yes No

_____ _____ Yes No

Parent signature: _____ **Date:** _____

Videotaping and still photos will be taken during the FF year. Registering constitutes permission for possible participating in the video and/or still photographs. These may be used for future promotional efforts.

_____ Please **do not** publish photographs of my child (include a photo for identification).
(Initial)

I understand that all information will be shared with the Parish Database. Questions call 858-3796x4109