



# ST. PETRONILLE RELIGIOUS EDUCATION

420 Glenwood Avenue, Glen Ellyn, IL 60137  
 (630) 858-3796 Ext. 4000  
 religiouseducation@stpetschurch.org  
 www.stpetschurch.org/religious-education/

## RELIGIOUS EDUCATION REGISTRATION FORM 2024-2025

### FAMILY INFORMATION – Please fill out ALL fields

Family Name:		Parish Member? Y N	Parish ID:
Address:		City:	Zip:
Primary Phone:		Primary Email:	
Additional Emails:		Images of my child(ren) may be used by RE on social media: Y N	
Father First Name:		Cell:	Catholic: Y N
Mother First Name:	Maiden:	Cell:	Catholic: Y N
Emergency Contact Name:		Emergency Contact Phone:	

### VOLUNTEER INFORMATION

<b>I am interested in volunteering as a:</b> <input type="checkbox"/> Catechist (\$150 tuition discount) <input type="checkbox"/> Asst Catechist (\$100 tuition discount) <input type="checkbox"/> RE Office Volunteer (\$100 tuition discount)	<b>I am available on Wednesdays for:</b> <input type="checkbox"/> Session 1: 4:30-5:45pm <input type="checkbox"/> Session 2: 6:15-7:30pm	<b>Grades I am interested in teaching:</b> <input type="checkbox"/> Any grade where I am needed <input type="checkbox"/> This specific grade(s): _____
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*NOTE: Please fill in ALL fields for each child you are registering*

### CHILD #1 INFO

Baptismal Name (FIRST/MIDDLE/LAST):		Current Age:	
Birth Date:	Birth City/State:	Gender: M F	
School Grade in Fall 2024 (1-8):		Is child NEW to our program? Y N	
Preferred Time - Wednesdays (circle one):	Session 1: 4:30-5:45pm (Gr. 1-8)	Session 2: 6:15-7:30p (Gr. 1-8)	
Allergies/Special Needs:			
SACRAMENT INFO – fill out for NEW students only. NOTE: copy of baptismal certificate required for ALL NEW STUDENTS			
BAPTISM	Date:	Church:	City/State:
FIRST COMMUNION	Date:	Church:	City/State:

### CHILD #2 INFO

Baptismal Name (FIRST/MIDDLE/LAST):		Current Age:	
Birth Date:	Birth City/State:	Gender: M F	
School Grade in Fall 2024 (1-8):		Is child NEW to our program? Y N	
Preferred Time - Wednesdays (circle one):	Session 1: 4:30-5:45pm (Gr. 1-8)	Session 2: 6:15-7:30p (Gr. 1-8)	
Allergies/Special Needs:			
SACRAMENT INFO – fill out for NEW students only. NOTE: copy of baptismal certificate required for ALL NEW STUDENTS			
BAPTISM	Date:	Church:	City/State:
FIRST COMMUNION	Date:	Church:	City/State:

### CHILD #3 INFO

Baptismal Name (FIRST/MIDDLE/LAST):		Current Age:	
Birth Date:	Birth City/State:	Gender: M F	
School Grade in Fall 2024 (1-8):		Is child NEW to our program? Y N	
Preferred Time - Wednesdays (circle one):	Session 1: 4:30-5:45pm (Gr. 1-8)	Session 2: 6:15-7:30p (Gr. 1-8)	
Allergies/Special Needs:			
SACRAMENT INFO – fill out for NEW students only. NOTE: copy of baptismal certificate required for ALL NEW STUDENTS			
BAPTISM	Date:	Church:	City/State:
FIRST COMMUNION	Date:	Church:	City/State:



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## TUITION AND FEES WORKSHEET 2024-2025

Please complete this entire form and return it with your family's registration form by July 15, 2024, to pay the lowest tuition.

Head of Household First/Last Name: \_\_\_\_\_

### 2024-2025 TUITION RATES

# of children	EARLY REGISTRATION: Register by 7/15/24	REGULAR REGISTRATION: Register after 7/15/24
1 child	\$250	\$275
2 children	\$375	\$400
3+ children	\$500	\$525

### FAMILY TUITION & FEES CALCULATOR

Tuition/Fee/Discount	Amount Due	Notes
TUITION	+ \$ _____	See Tuition Rate table above - \$25 discount before 7/16/24!
REGISTRATION	+ \$ <b>50.00</b> (\$50/family)	A \$50 registration fee per family is required.
BIBLE	+ \$ _____ (\$20/bible)	For students: 1) entering Grade 4 or 2) any new student in Grade 5-8 or 3) any student in Grade 5-8 who needs a new bible
SACRAMENT FEE - First Holy Communion	+ \$ _____ (\$50/student)	Applies to each child in the family who plans to receive the sacrament of First Holy Communion in May 2025. <i>NOTE: Requires 2 years of sacrament preparation.</i>
SACRAMENT FEE - Confirmation	+ \$ _____ (\$100/student)	Applies to each child in the family who plans to receive the sacrament of Confirmation in March 2025. <i>NOTE: Requires 2 years of sacrament preparation. Only include fee if you haven't already paid when returning your child's Confirmation Registration form.</i>
DONATIONS (optional)	+ \$ _____	Donations are used to: 1) help families with a financial need and 2) help fund general RE program costs, as tuition does not cover all of our costs - we are generously subsidized by the parish. <i>Please put my donation towards:</i> ____ General RE Program Costs -OR- ____ RE Tuition Assistance
DISCOUNT for Volunteers	( \$ _____ )	<b>\$150 DISCOUNT</b> for Catechists volunteers <b>\$100 DISCOUNT</b> for Assistant Catechists volunteers <b>\$100 DISCOUNT</b> for RE Office volunteers
<b>TOTAL AMOUNT DUE:</b>	\$ _____ <b>Amount Paying Today (if less than total due):</b> \$ _____	Please add up your family's tuition, fees, donations, and discounts to determine your <b>TOTAL AMOUNT DUE</b> . <i>NOTE: families may pay Total Amount Due now -OR- Pay 50% of Total Amount Due now and 50% in January of 2025.</i>

#### REFUND POLICY:

- **Withdrawal before September 18<sup>th</sup>:** all tuition/fees will be reimbursed minus the \$50/family Registration fee.
- **Withdrawal on or after September 18<sup>th</sup>:** No refunds will be issued once classes begin on Wednesday, September 18, 2024.

**PAYMENT INFO:** Payment can be made via cash, check (payable to "St. Petronille Parish"), or via Credit Card using the RE Payment portal that can be accessed at [www.tinyurl.com/stpetsre](http://www.tinyurl.com/stpetsre).

**PAYMENT OPTIONS:** *NOTE: NO new Sacraments will be given, or new registrations processed if your family has an outstanding balance.*

- I have \_\_\_\_\_ included a check **OR** \_\_\_\_\_ made an online payment for 100% of our "Total Amount Due" for the 2024-2025 RE School year.
- I have \_\_\_\_\_ included a check **OR** \_\_\_\_\_ made an online payment for 50% of our "Total Amount Due". Remaining 50% is due by **1/15/25**.
- I am including: \$ \_\_\_\_\_ with our registration. Contact us to set up a payment plan and/or financial assistance, if needed.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



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## FAMILY AND MEDICAL INFORMATION 2024-2025

*Please complete this entire form and return with your family's registration form.*

**Head of Household First/Last Name:** \_\_\_\_\_

### PARENT AND LEGAL GUARDIAN INFORMATION

<b>Child(ren) lives with:</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Specify Other _____	<b>Parents are divorced:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, who has legal/religious custody _____	<b>Does the non-custodial parent have visitation rights?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<b>Do you consent to the child(ren) being released to the non-custodial parent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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### REGISTERED STUDENT(S) MEDICAL AND BEHAVIOR INFORMATION

- Please fill this table out for each student you are registering for RE.
- It is essential to inform us of any needs your child may have regarding medical, behavior or learning issues, including any IEP or 504 plans in place at school.
- This information helps us to properly place your child and offer him/her the best possible learning experience.
- Most of our catechists are not professional educators and will need your assistance to best help your child.

Child's First Name (include last if different from parents)	School Gr 2024-25	Child's School	Special Needs: Medical, allergies, learning disabilities, physical disabilities, 504 or IEP Plan If none, please mark "N/A"	Medications needed during RE

### CONTACT INFO FOR WEEKLY EMAIL UPDATES AND TEXT NOTIFICATIONS

- Weekly RE updates and reminders during the RE year are communicated to families via e-mail. It is imperative that we have at least (1) valid email address for your family – one that you check frequently.
- Special notifications (i.e. class cancellations for weather) may occasionally be made via text message. Please provide at least (1) cell phone number to receive emergency texts.

Name of Adult to be Contacted	Relationship to child(ren)	Cell Phone (include area code)	Email address

I grant permission for the administration of first aid to the child(ren) listed above by the people running the **St. Petronille Religious Education** program, and those transporting my child to/from RE classes as their judgement deems necessary, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event I cannot be reached I hereby give permission to the physician(s) selected by the RE Staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, if deemed necessary for my child.

Signature of Parent/Guardian

Date