

St. Mary Nativity Religious Education

706 N Broadway St., Joliet IL 60435
 Religious Education Office 815-726-4073

REGISTRATION FORM 2011-2012 (Due Aug.15)

Family Name	
Address	
City/State/Zip	
Home Phone	
Cell Phone	
Email address (REQUIRED FOR EMAIL NOTIFICATIONS)	
Child(ren) lives with:	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Grandparents <input type="checkbox"/> Other _____
If parents are divorced, custody is granted to:	<input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father
Are you a registered member of St. Mary Nativity Parish	<input type="checkbox"/> Yes. Envelope Number: _____ <input type="checkbox"/> No. Your parish: _____

TUITION RATE (2011-12) Parishioner Non-parishioner

One Child	\$100	\$150
Two Children	\$125	\$175
Three or more	\$150	\$200

Registrations after Aug.15th - add \$40 late fee per family

OFFICE USE ONLY

Total Amount Due _____ *Amount Received* _____
Check Number _____ *Date Received* _____
Certificates on file _____ *Handbook & Calendar* _____
Signed commitment _____ *Initials* _____

Name of Father	
Address (if different)	
City/State/Zip	
Work Phone	
Cell Phone	
Religion	

Mother's Maiden Name	
Address (if different)	
City/State/Zip	
Work Phone	
Cell Phone	
Religion	

Name of Local Emergency Contact	(other than you, used only if parents cannot be reached)
Relationship to child	
Phone	

Additional Costs: (paid separately at meetings)

Confirmation fee (7th/8th grade): \$50
 First Communion fee (2nd grade): \$25
 Book Replacement Fee: \$25

Full Name of Child #1	
Grade in Fall 2011	
School Attending	
Birth Date	
Has been baptized	(Yes) ____ (No) ____
Baptismal Certificate on file	(Yes) ____ (No) ____
Has made 1st Communion	(Yes) ____ (No) ____
1st Comm. Certificate on file	(Yes) ____ (No) ____
Special Needs Allergies/Medication	

Full Name of Child #3	
Grade in Fall 2011	
School Attending	
Birth Date	
Has been baptized	(Yes) ____ (No) ____
Baptismal Certificate on file	(Yes) ____ (No) ____
Has made 1st Communion	(Yes) ____ (No) ____
1st Comm. Certificate on file	(Yes) ____ (No) ____
Special Needs Allergies/Medication	

Full Name of Child #2	
Grade in Fall 2011	
School Attending	
Birth Date	
Has been baptized	(Yes) ____ (No) ____
Baptismal Certificate on file	(Yes) ____ (No) ____
Has made 1st Communion	(Yes) ____ (No) ____
1st Comm. Certificate on file	(Yes) ____ (No) ____
Special Needs Allergies/Medication	

Full Name of Child #4	
Grade in Fall 2011	
School Attending	
Birth Date	
Has been baptized	(Yes) ____ (No) ____
Baptismal Certificate on file	(Yes) ____ (No) ____
Has made 1st Communion	(Yes) ____ (No) ____
1st Comm. Certificate on file	(Yes) ____ (No) ____
Special Needs Allergies/Medication	

I give permission for my child to receive medical treatment in the case of an emergency, when I cannot be reached by telephone.

(Yes)____ (No)____ **Date** _____

Signature of parent _____

Substantial discounts are available to all volunteers and helpers. Please check the following areas of interest. Any assistance you can give us is greatly needed and appreciated. I am willing to help as a

Teacher____ Substitute Teacher____ Classroom Aide____

Office Help____ Crossing Guard ____ Prayer Listener _____