

**Catechetical year "We are the Body of Christ"**

*1 Cor. 12:27-31*



**St. Cecilia Parish Religious Education Program  
REGISTRATION PACKET 2021-2022**

700 S. Meier Rd Mt. Prospect, IL 60056

Telephone: (847)437-6208 Ext. 132

Email: [msilva@archchicago.org](mailto:msilva@archchicago.org)

**Date** \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Registered Parish \_\_\_\_\_ Parish ID # \_\_\_\_\_

**Father's first & last name**

**Mother's first & last name**

\_\_\_\_\_

\_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Child lives with:  Both parent's  Father only  Mother only  other (\_\_\_\_\_)

**Child's First Name**

Name and Last name \_\_\_\_\_ Grade (in 09/2021) \_\_\_\_\_

School \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  F  M

**Please supply a copy of the student's Birth Certificate, Baptismal Certificate and First Eucharist Certificate if it applies to your child in order to register in our program.**

## ALLERGIES & SPECIAL NEEDS

If your child has any **medical concerns**, we should be aware of, please list below. Include **allergies** (food, insects, etc.), **medications** (names), **chronic conditions**, **learning needs**, **behavior needs**, **physical needs (hearing, vision, handicapped)**, **additional concerns**.

Name: \_\_\_\_\_ Concerns: \_\_\_\_\_

## EMERGENCY

Relative or neighbor to be reached in emergency during class time if you are not available:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*In case of accident or illness, I request that the representative of the parish Catechetical program contact me. IF I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish Catechetical program may make whatever arrangements deemed necessary. I agree to assume the financial responsibility for any diagnosis, treatment and /or medication deemed necessary.*

## Religious Education Program TUITION 2021-2022

<i>Check box</i>	<i>Amount</i>	<i>Total</i>
One child: Please provide your Parish ID # _____	\$200	
Two children: Please provide your Parish ID # _____	\$350	
Three or more children: Please provide your Parish ID # _____	\$450	
Additional fee if paid after February 6, 2022:	\$50	
<b>TOTAL DUE:</b>		\$

Classes: 1st,2nd,3rd, Saturday of the month 2:45pm-4:10pm at the meeting rooms  
(Parents will follow the same schedule with the students).

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### To be retained in student file

2021-2022 – PHOTO/ACADEMIC WORK

### PUBLIC RELATION RELEASE FORM

On occasion, St. Cecilia Parish uses photos and/or academic work of students in parish publications to share information about the religious education/ sacramental programs. Publications include, but are not limited to the website, kiosk displays in the church Gathering Space, parish bulletin, and other public relation materials.

In addition, local news organizations may hear of our activities or events, and our parish may invite or allow them to photograph or record our events.

Please check one and sign below:

\_\_\_\_\_ My child's photo or academic work **MAY** be published in any format including group or individual photos.

\_\_\_\_\_ My child's photo or academic work **MAY NOT** be published in any format including group or individual photos.

Printed name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Printed name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Printed name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_

If you do NOT return this form with your 2021-2022 registration materials, it will be assumed that **you give** permission for your child/ren's photo or academic work to be included in any form of communication.