

## RELIGIOUS EDUCATION REGISTRATION FORM 2026-2027

<b>Child 1</b> Child's Full Name (Last Name, First Name & Middle Name)	M/F	Attended Rel. Ed. Before Yes/No	School Attending	Grade	DOB
		If YES where?			
Church & Location of Baptism* (If applicable):	Date of Baptism		Church & Location of 1 <sup>st</sup> Holy Communion (If applicable)	Date of First Communion	

<b>Child 2</b> Child's Full Name (Last Name, First Name & Middle Name)	M/F	Attended Rel. Ed. Before Yes/No	School Attending	Grade	DOB
		If YES where?			
Church & Location of Baptism* (If applicable):	Date of Baptism		Church & Location of 1 <sup>st</sup> Holy Communion (If applicable)	Date of First Communion	

<b>Child 3</b> Child's Full Name (Last Name, First Name & Middle Name)	M/F	Attended Rel. Ed. Before Yes/No	School Attending	Grade	DOB
		If YES where?			
Church & Location of Baptism* (If applicable):	Date of Baptism		Church & Location of 1 <sup>st</sup> Holy Communion (If applicable)	Date of First Communion	

\*If the child was not baptized in St. Gertrude Church, please provide a copy of the baptismal certificate. If the child made First Communion in St. Gertrude more than 3 years ago and is not baptized in St. Gertrude, you need to provide the baptismal certificate once again.

Parent 1 Name & Last Name \_\_\_\_\_ Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
 Parent 2 Name & Last Name \_\_\_\_\_ Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Relation to Parents \_\_\_\_\_ Phone # \_\_\_\_\_

**Tuition: \$230.00 per student, \$40.00 for an additional student of the same family.**

**\$75.00 fee applies for those receiving a Sacrament in 2026.**

PAID Cash \_\_\_\_\_ Check # \_\_\_\_\_ GiveCentral Transaction # \_\_\_\_\_

### 2026-2027 MEDICAL RELEASE & GENERAL CONSENT FORM

Child's Full Name (Last Name, First Name & Middle Name)	So that we can best serve your child, please list any known conditions that we should be made aware of (i.e. <b>Learning Disabilities, Allergies, Medications taken, Medical, Physical, Emotional, Behavioral, etc.</b> )

#### ENTIRE FORM TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I request that the above-named participant(s) be allowed to attend church-related activities with St. Gertrude Catholic Church. I \_\_\_\_\_, the parent /guardian of \_\_\_\_\_ do hereby give permission for him/her to attend Religious Education /Sacramental Preparation classes and to be treated for a medical emergency in my absence while participating in the Religious Education program. The adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Archdiocese of Chicago, the Parish (St. Gertrude), its staff, or any catechists/chaperones responsible for accident or injury. I understand that all costs incurred will be my (parent or Legal guardian) responsibility. I also understand that if my student breaks any of the program rules, the proper authorities will be contacted, and I (the parent or Legal guardian) will be notified of all actions taken and/or to immediately pick up my child from the premises.

Parent/Legal Guardian (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Are you a Parishioner of St. Gertrude? Yes \_\_\_ No \_\_\_