

RELIGIOUS EDUCATION REGISTRATION FORM 2024-2025

Child 1 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 st Holy Communion (If applicable)	Date of First Communion	

Child 2 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 st Holy Communion (If applicable)	Date of First Communion	

Child 3 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 st 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 Comm 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: \$210.00 per student \$30.00 for additional student of the same family

\$65.00 fee applies for those receiving a Sacrament in 2025.

PAID Cash _____ Check # _____ GiveCentral _____

2024-2025 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. Learning Disabilities, Allergies, Medications taken, Medical, Physical, Emotional, Behavioral, etc.)

ENTIRE FORM TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I request 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 cost 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 to pick up my child from premises.

Parent/Legal Guardian (Print) _____ Signature _____ Date: _____

Are you a Parishioner of St. Gertrude? Yes ___ No ___