

S/T: _____

SAINT FABIAN RELIGIOUS EDUCATION
8300 S. Thomas Avenue
Bridgeview, IL 60455
(708) 458-6150

For Office Use Only

Date Rec'd: _____
Late Fee: _____
TUITION: _____
Pd: _____ Bal. Due: _____

2019/2020 SCHOOL YEAR

CD CC HB CL M DB

PLEASE PRINT AND FILL OUT COMPLETELY:

Child(ren's) Last Name _____ Father's First & Last Name _____ Mother's First & Maiden Name _____

Street Address _____ City _____ Zip _____ Phone Number _____

MAIL SHOULD BE ADDRESSED TO: Mr. & Mrs. _____ Mrs. _____ Mr. _____ Ms. _____

Parent/Legal Guardian's Name _____

Email Address: _____

Circle Class Time Preferred: * Classes will meet on alternating Saturdays for Grades 1 to 7:

Grades 1 to 7: Saturday "A" session (begins Sept. 7) 8:45 AM - 10:45 AM

Grades 1 to 7 & RCIC: Saturday "B" session (begins Sept. 14) 8:45 AM - 10:45 AM

Grade 8: Wednesday 7:00 PM - 8:15 PM

* NOTE: Class assignments will be made on a first-come, first-serve basis; class size will be limited to 15 students.

GRADES 1-8 Student's First Name	Name of Public School	Grade Sept. 2019	Date of Birth	Check Sacraments [] already rec'd			Circle Grades completed in Religious Ed
				Baptism	Communion	Reconciliation	
1.							1 2 3 4 5 6 7
2.							1 2 3 4 5 6 7
3.							1 2 3 4 5 6 7
4.							1 2 3 4 5 6 7

What language is spoken in the home other than English? _____

EMERGENCY NAME: _____ PHONE #: _____

This is required for all children in the program. **It must be *different* than the home phone and of someone who can be reached during class time. The home phone number will be called first.**

I _____ would like to volunteer for the following:

(please indicate name)

_____ Teaching RE (Grade level _____)

Office help during class time _____

_____ Substitute teaching (Grades _____)

Teacher Aide _____

_____ Special Events AM _____ PM _____

**** Additional Information/ Special Needs/ Allergies / Medical Condition / Learning Disability**

(Please use other side if necessary.)