

S/T: _____

SAINT FABIAN RELIGIOUS EDUCATION
7450 W. 83rd St.
Bridgeview, IL 60455
(708) 458-6150

For Office Use Only

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

2021/2022 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. 11) 8:45 AM - 10:45 AM

Grades 1 to 7 & RCIC: Saturday "B" session (begins Sept. 18) 8:45 AM - 10:45 AM

Grade 8: Every Wednesday (begins Sept. 8) 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. 2021	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.)