



St. Mary Religious Education
K-6th Grade & Year 1 & Year 2 Confirmation Program
302 Fisk Ave. DeKalb, IL 60115
Sunday Morning 9:55 AM - 10:55 AM

Date: _____

FAMILY NAME: _____ Spouse: _____ Spouse: _____

Address: _____ City/Zip _____ Registered Parishioner? YES / NO

PHONE # HOME: _____ WORK: _____ CELL: _____

E-Mail Address: _____

(please print legibly)

1) STUDENT'S NAME: School Grade in fall: (First & Last) School Birth date: City & State of Birth Learning disabilities, allergies and other medical problems (please explain)

Mother's MAIDEN Name: Birth Father's Name

If your child was in our program in the past year, sacrament info is not needed if you provided it!

SACRAMENT INFO:

BAPTISM: Name & City/State of Church Date:

FIRST RECONCILIATION: (if applicable) Name & City/State of Church Date:

FIRST COMMUNION: (if applicable) Name & City/State of Church Date:

2) STUDENT'S NAME: School Grade in fall: (First & Last) School Birth date: City & State of Birth learning disabilities, allergies and other medical problems (please explain)

Mother's MAIDEN Name: Birth Father's Name

If your child was in our program in the past year, sacrament info is not needed!

SACRAMENT INFO:

BAPTISM: Name & City/State of Church Date:

FIRST RECONCILIATION: (if applicable) Name & City/State of Church Date:

FIRST COMMUNION: (if applicable) Name & City/State of Church Date:

3) STUDENT'S NAME:

(First & Last) _____ School
_____ Grade in fall: _____
School _____ Birth date: _____ City & State of Birth _____
Learning disabilities, allergies and other medical problems (please explain) _____

Mother's MAIDEN Name: _____ Birth Father's Name _____

If your child was in our program in the past year, sacrament info below is not needed!

SACRAMENT INFO:

BAPTISM: Name & City/State of Church _____ Date: _____

FIRST RECONCILIATION: (if applicable) Name & City/State of Church: _____ Date: _____

FIRST COMMUNION: (if applicable) Name & City/State of Church: _____ Date: _____

4) STUDENT'S NAME:

(First & Last) _____ School
_____ Grade in fall: _____
School _____ Birth date: _____ City & State of Birth: _____
learning disabilities, allergies and other medical problems (please explain) _____

Mother's MAIDEN Name: _____ Birth Father's Name _____

If your child was in our program in the past year, sacrament info below is not needed!

SACRAMENT INFO:

BAPTISM: Name & City/State of Church: _____ Date: _____

FIRST RECONCILIATION: (if applicable) Name & City/State of Church: _____ Date: _____

FIRST COMMUNION: (if applicable) Name & City/State of Church: _____ Date: _____

Registration fee: \$35 Family registration due at registration. \$30 if paid before June 10, 2024.
Sacrament Program Fee: \$40 for all children preparing for First Communion & Confirmation.

____ \$ _____ Registration

All tuition is as follows for RE students.....

Tuition: 1 child= \$155.00 (\$19.37) a month
2 children= \$285.00 (\$35.62) a month
3 or more= \$390.00 (\$48.75) a month

(select one)

____ \$ _____ 1 tuition payment paid in full by October 1

____ \$ _____ 8 monthly tuition payments October 1-May 1

All payments can be made electronically through our St. Mary Parish website. (www.stmarydekalb.org)

CATECHISTS and AIDES

\$80 tuition discount for Catechists with registered children

\$30 tuition discount for Aides with registered children

Anyone interested in volunteering, please call Annalisa McMaster at 758-5432 ext. 101.