

St. Rita Catholic Church

6254 Valley Knoll Dr
Rockford, IL 61109
(815) 398-0853

RELIGIOUS EDUCATION REGISTRATION 2017-2018

Parish ID # _____ Today's Date: _____

Last Name: _____

Street Address: _____

City: _____ Zip: _____

Home Ph # () _____ - _____

Mom Cell # () _____ - _____

Dad Cell # () _____ - _____

Are you registered at St. Rita? () Yes () No

e-mail address: _____

RELIGIOUS EDUCATION FEES

One Child (PK4 - 8) **\$100.00**

Two or more children (PK4 - 8) **\$150.00**

Annual Book Fee (1- 8) **\$15.00 per child**

Sacramental Preparation

If your child will be receiving a sacrament this year,
please check the appropriate line.

_____ First Reconciliation (**\$15.00 fee**)

_____ First Communion (**\$15.00 fee**)

_____ Confirmation (**\$20.00 fee**)

Fees due upon Registration

PARENTS / GUARDIANS

Father's Name: _____

Place of Work: _____

Business Phone: () _____ - _____

Religion: _____

Marital Status: _____

Mother's Name: _____

Maiden Name: _____

Place of Work: _____

Business Phone: () _____ - _____

Religion: _____

Marital Status: _____

EMERGENCY INFORMATION

*If you are unable to reach me, in the event of an
emergency, please contact the following:*

Name: _____

Relationship: _____

Address: _____

Phone Number: () _____ - _____

STUDENT INFORMATION

Student Name: _____ Sex: _____ Birth Date: _____ Age: _____
School attending this fall: _____ Grade (2017-2018): _____
() PK4 () K **Sun. 9:50 – 11:00 a.m.** () **Wed. 6:30 – 7:45 p.m.**

SACRAMENTS:	<i>DATE</i>	<i>CHURCH</i>	<i>CITY</i>
Baptism:	_____	_____	_____
Reconciliation:	_____	_____	_____
Eucharist:	_____	_____	_____
Health Problems:	_____	_____	_____

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