

# St. Rita Catholic Church

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

## F.I.R.E. — FAMILY IMMERSED RELIGIOUS EDUCATION

### REGISTRATION 2022 - 2023 (Religious Ed, First Communion, & Confirmation)

REGISTER ON OUR WEBSITE [stritarockford.org](http://stritarockford.org)

Registration Due by August 1, 2022

Parish ID # \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Mom Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Dad Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Are you registered at St. Rita?  Yes  No

#### RELIGIOUS EDUCATION FEES

Family with 1 child in program \$100.00

Family with 2 or more children \$150.00

Annual Book Fee (grades 1- 6) \$15.00 per child  
(grades 7-8) \$25.00 per student

#### 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: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Place of Work: \_\_\_\_\_

Religion: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Marital Status: \_\_\_\_\_

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: ( ) \_\_\_\_\_ - \_\_\_\_\_

### CONFIRMATION INFORMATION

We are still using a 2 year program for Confirmation.  
7th & 8th Grade students will meet on the 1st Saturday  
for one hour before the family program and 2nd Sunday  
of the month for one hour after the 9:30am Mass  
beginning in October and ending in April.

7th Grade will be using the Chosen program &  
8th Grade will be using the Decision Point program  
Only Students that have been in the program for two  
years will be confirmed.

### Photography Permission

Occasionally photographs are taken at Religious Edu-  
cation classes to be published in the bulletin.

\_\_\_\_ I do not want my children to be photographed  
while attending any Religious Education Program

### FIRST COMMUNION INFORMATION

Those children who are preparing to receive First  
Reconciliation and First Communion will attend addi-  
tional classes one Sunday a month (The second Sunday  
of the Month from October to April. Check in will be-  
gin at 9:20am and they will attend the 9:30am Mass.  
They will attend class from 10:30am-11:30am

# STUDENT INFORMATION

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School attending this fall: \_\_\_\_\_ In grade (2022-2023): \_\_\_\_\_

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

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School attending this fall: \_\_\_\_\_ In grade (2022-2023): \_\_\_\_\_

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

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School attending this fall: \_\_\_\_\_ In grade (2022-2023): \_\_\_\_\_

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

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School attending this fall: \_\_\_\_\_ In grade (2022-2023): \_\_\_\_\_

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