St. Rita Cat	bolic Church Rockford, IL 61109 (815) 398-0853 OR (815) 904-1184
F.I.R.E. — FAMILY IMMERS	ED RELIGIOUS EDUCATION
REGISTRATION 2024-202	25 (Religious Ed, First Communion, & Confirmation)
REGISTER ON OUR WEBSITE stritarockford.org Registration Due by August 1, 2024 Parish ID # Today's Date: Last Name: Today's Date: Street Address: City: Zip: Email Address: Home Phone () Mom Cell Phone () Dad Cell Phone ()	Family with 1 child in program \$100.00 Family with 2 or more children \$150.00 <u>Annual Book Fee (grades K-8) \$15.00 per child</u> (grades 7-8) \$25.00 per student Sacramental Preparation
	<u>GUARDIANS</u>
Father's Name:	Mother's Name: Maiden Name: Place of Work: Business Phone: () Religion: Marital Status:
EMERGENCY INFORMATION	CONFIRMATION INFORMATION
If you are unable to reach me, in the event of an emergency, please contact the following: Name: Relationship: Address: Phone Number:	We are still using a 2 year program for Confirmation. Those children preparing to receive the Sacrament of Confirmation will attend additional classes from October to April as follows: the 1st Saturday from 3:00-4:00 before the family program and the 3rd Sunday of the month after attending the 9:30 Mass from 10:30am-11:30am. Only students that have been in the pro- gram for two years will be confirmed .
Photography Permission	FIRST COMMUNION INFORMATION
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	Those children who are preparing to receive First Recon- ciliation and First Communion will attend additional clas- ses from October to April as follows: the 1st Saturday from 3:00-4:00 before the family program and the 3rd Sunday of the month after attending the 9:30 Mass from 10:30am-11:30am

Deacon Paul Sanderson

STUDENT INFORMATION

Student Name:				-
School attending this fall: In grade (2024-2025):				24-2025):
SACRAMENTS: Baptism: Reconciliation: Eucharist: Health Problems:	DATE		<i>CHURCH</i>	
Student Name: School attending this fall: _		Sex: _	Birth Date:	
SACRAMENTS: Baptism: Reconciliation: Eucharist: Health Problems:	DATE		<i>CHURCH</i>	
Student Name: School attending this fall: _				
SACRAMENTS: Baptism: Reconciliation: Eucharist: Health Problems:	DATE		<i>CHURCH</i>	<i>CITY</i>
Student Name:				
School attending this fall:				