

St Jude Parish

Faith Formation Registration 2018-2019

Date: _____

241 W. Second Ave., New Lenox, IL 60451

PLEASE PRINT CLEARLY

Family Last Name: _____ Home Phone: _____
 Father's Name: _____ Mom's Cell: _____
 Mother's Name: _____ Dad's Cell: _____
 Mother's Maiden Name: _____ Emergency Contact: _____
 Home Address: _____ Emergency Phone: _____
 Student Resides With: _____ Main Email: _____
 Student Address if Different: _____ Alternate Email: _____

Child's Full Name:	Birthdate	Gender	2018-2019		Session:	
			Grade	School	1st choice	2nd choice
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	Reconciliation	Eucharist	Confirmation		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Special Needs: medical, learning or physical disabilities: _____

Request to be in class with: _____

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			Grade	School	1st choice	2nd choice
_____	_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	Reconciliation	Eucharist	Confirmation		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Request to be in class with: _____

NOTE: If any of your children received Religious Education or any of their sacraments at another parish, documentation is needed for our records. Please provide at time of registration.