

Welcome to . . . St. Julian Eymard School of Religion

V_{ery}
I_{mp}ortant
P_{art}ners

PARENT
CATECHIST
CHILD
PARISH

Mission Statement

. . . to advance the reign of God at Saint Julian Eymard Church
by helping parents, catechists and the parish community
provide joyful growth in the Catholic faith
for the young people in our parish family.



2010/2011 Registration Forms

Please return registration forms *by mail* or by *FAX* as soon as possible.
Registration Forms should be returned no later than **June 18th**.

Walk in registration deliveries will be dated the following day of delivery to insure fair registration.

Classroom assignments and School of Religion Calendars will be ready for pick up August 11th from 9:00 A.M. – 7:00 P.M.



Learn More about St. Julian Eymard's Religious Education Program

Please see the School of Religion Spring Report for 2009/10 Calendar Highlights and plans for 2010/11 *and* learn more about our **Very Important Partnership**.



St. Julian Eymard School of Religion

601 Biesterfield Road • Elk Grove Village, Illinois 60007

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CHURCH TELEPHONE (847) 956-0130 • SCHOOL OF RELIGION TELEPHONE (847) 593-8938
FAX (847) 956-0189 • WEBSITE: www.stjulianeynard.com

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Mrs. Therese Bergmann, Director of Religious Education • tbergmann@stjulianeynard.com
Mrs. Gail Carlson, Assistant Director of Education • gcarlson@stjulianeynard.com

Office Hours: Monday—Friday, 8:30 A.M.—4:30 P.M.

**SAINT JULIAN EYMARD SCHOOL OF RELIGION
RELIGIOUS EDUCATION REGISTRATION/2010/2011**

601 W. Biesterfield Road
Elk Grove Village, IL 60007
(847)593-8938
Fax: (847)956-0189
E-Mail: tbergmann@stjulianeymard.com
gcarlson@stjulianeymard.com

PLEASE PRINT

FAMILY NAME: _____

FAMILY ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____
(Mother)

_____ (Father)

MOTHER: _____
First Maiden

FATHER: _____
First Last

OCCUPATION: _____

OCCUPATION: _____

RELIGION: _____

RELIGION: _____

Please check if applicable: Separated Divorced Mother/Father Deceased Single Parent

FOR NEW REGISTRANTS: Baptismal Certificates: If your child was not baptized at St. Julian Eymard, please enclose a non-returnable copy of your child's baptismal certificate.

Tuition is appreciated at time of Registration. Please call the School of Religion office to make arrangements for monthly payments.

Tuition Fee Schedule

Preschool thru Confirmation	1 child	\$120.00	+	\$30.00 material fee
	2 children or more	\$170.00	+	\$30.00 material fee each child

SACRAMENTAL FEE FOR GRADE 2 FAMILIES: \$25.00 in addition to above fees

SACRAMENTAL FEE FOR CONFIRMATION FAMILIES: \$25.00 in addition to above fees

(IN ORDER TO SAVE THE HIGH COST OF POSTAGE)
**SCHOOL OF RELIGION INFORMATION
PICK UP DAY
WEDNESDAY, AUGUST 11, 2010
9:00 A.M. – 7:00 P.M.**

**SAINT JULIAN EYMARD SCHOOL OF RELIGION
RELIGIOUS EDUCATION REGISTRATION/2010-2011**

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**Medical Information
Authorization for Medical Treatment - 2010-2011**

In the event that the undersigned, or my authorized physician, cannot be reached and in the judgment of Mrs. Therese Bergmann, Director of Religious Education or other responsible staff person, there is a necessity for immediate examination and/or treatment of my child/children enrolled in St. Julian Eymard's School of Religion, I hereby request and authorize any of the aforesaid personnel to obtain for my (our) child/children such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Signed: _____
Circle One: Father Mother Legal Guardian

Family last Name(s) _____

Father's Name _____ Home Phone _____

Business Phone _____ Cell/Beeper/Other _____

Mother's Name _____ Home Phone _____

Business Phone _____ Cell/Beeper/Other _____

Emergency Contact Person: _____ Phone: _____

Relationship to child (circle one): Grandparent / Other Relative / Friend / Neighbor

Name of Physician: _____ Phone: _____

Address: _____

Medical Insurance Company: _____ Insurance # _____

Specific medical allergies, chronic illnesses or other conditions:

Child's First Name	Medical Condition	Explain Medical Condition (Allergies, etc.)	List Medication Taken
_____	Y/N _____	_____	_____
_____	Y/N _____	_____	_____
_____	Y/N _____	_____	_____

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RELIGIOUS EDUCATION REGISTRATION/2010-2011**

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Photograph/Video Permission 2010-2011

I, the parent of _____ authorize St. Julian Eymard School of Religion to photograph and or video tape my student(s) and post my student(s) photograph on bulletin boards in the Church, the School of Religion, the parish Sunday Bulletin, the St. Julian Eymard Church website and other publications for the purpose of praising and encouraging my student's participation and spirit as demonstrated in their religious education classes, activities, and other faith formation experiences.

Parent Signature

Date

SENSITIVITY INFORMATION

This information is not kept in permanent records; it must be updated each year.

We want to be sensitive to you and your child. Please share information (confidential – only seen by the Director, Assistant Director and catechist) that might help us to make your child more comfortable in class...unusual shyness, “exuberance”, learning disability, reading difficulty, hearing or visually impaired, etc.

Awareness, also, of family crisis or an unusual situation will help us to make things easier for your child.

Family Name	Date
Student Name	Grade

Does your child have an IEP (Individualized Educational Program) at his/her school?

Please circle one: **YES** **NO**

Student Name	Grade

Does your child have an IEP (Individualized Educational Program) at his/her school?

Please circle one: **YES** **NO**

I have read this page. _____
Initial

FAMILY NAME: _____

Note: Under SACRAMENTS RECEIVED, B = Baptism, E – Eucharist, R = Reconciliation, C = Confirmation.
 Please check the sacraments your child has received.

PRESCHOOL/ KINDERGARTEN Four and Five Year Olds	MONDAY PETER'S ROOM	10:00-11:15 a.m. (Circle Choice)	1:00-2:15 p.m. (Circle Choice)
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STUDENT'S NAME	BIRTHDATE	GRADE 2010/2011	SCHOOL ATTENDING	SACRAMENTS REC'D												
_____	_____	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">E</td> <td style="text-align: center;">R</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	B	E	R	C								
B	E	R	C													
_____	_____	_____	_____													

GRADE 1	TUESDAY	4:30-5:45 p.m.
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STUDENT'S NAME	BIRTHDATE	GRADE 2010/2011	SCHOOL ATTENDING	SACRAMENTS REC'D												
_____	_____	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">E</td> <td style="text-align: center;">R</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	B	E	R	C								
B	E	R	C													
_____	_____	_____	_____													

GRADE 2	TUESDAY	4:30-5:45 p.m.
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STUDENT'S NAME	BIRTHDATE	GRADE 2010/2011	SCHOOL ATTENDING	SACRAMENTS REC'D												
_____	_____	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">E</td> <td style="text-align: center;">R</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	B	E	R	C								
B	E	R	C													
_____	_____	_____	_____													

GRADE 3	TUESDAY	4:30-5:45 p.m.
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STUDENT'S NAME	BIRTHDATE	GRADE 2010/2011	SCHOOL ATTENDING	SACRAMENTS REC'D												
_____	_____	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">E</td> <td style="text-align: center;">R</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	B	E	R	C								
B	E	R	C													
_____	_____	_____	_____													

GRADE 4	WEDNESDAY	4:30-5:45 p.m. (Circle Choice)	6:00-7:15 p.m. (Circle Choice)
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STUDENT'S NAME	BIRTHDATE	GRADE 2010/2011	SCHOOL ATTENDING	SACRAMENTS REC'D												
_____	_____	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">E</td> <td style="text-align: center;">R</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	B	E	R	C								
B	E	R	C													
_____	_____	_____	_____													

GRADE 5	WEDNESDAY	4:30-5:45 p.m. (Circle Choice)	6:00-7:15 p.m. (Circle Choice)
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STUDENT'S NAME	BIRTHDATE	GRADE 2010/2011	SCHOOL ATTENDING	SACRAMENTS REC'D												
_____	_____	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">E</td> <td style="text-align: center;">R</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	B	E	R	C								
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