



# St. Jude C.C.D. Religious Education

10811 N. Knoxville Ave. Peoria, IL 61615

## 2024-2025 Enrollment Form

Checks payable to St. Jude Catholic Church

Check #:

Total Payment of Family \$:

Student Name: \_\_\_\_\_

Requested Class Session:

- Sun Morning 10:10-11:20 AM
- Wed Evening 6:45-8:00 PM

Enrolling Grade: \_\_\_\_\_

### Family Info:

#### Head of Household

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Spouse

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Desc: \_\_\_\_\_  
 Desc: \_\_\_\_\_  
 Desc: \_\_\_\_\_

Family/Primary \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

### Student Info:

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
 Enrolling Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Language(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 School Attends: \_\_\_\_\_

### Siblings Grade(s):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

### Registration Fee Info: (Check All that Apply)

- Reg Fee before August 01, 2024 (\$85.00)
- Reg Fee after August 01, 2024 (\$95.00)
- Maximum Family Fee (\$255.00)
- Add Sacramental Prep Fee
- Non-Parishioner with approval of Pastor Additional (\$15), Registered at: \_\_\_\_\_
- St. Jude Parishioner
- No Fee for Catechists

**\*\*If your child was NOT baptized at St. Jude, a copy of their Baptismal Certificate must be obtained to receive further sacraments. Please submit with registration.**

**\*Financial support is available contact DRE for assistance.**

Student Name .

**Sacraments:**

Birth City, \_\_\_\_\_  
State: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

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

**Baptism**

Baptismal Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Performed by: \_\_\_\_\_

Church Name: \_\_\_\_\_

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

**Reconciliation**

Date: \_\_\_\_\_

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

Church Name: \_\_\_\_\_

**Eucharist**

Date: \_\_\_\_\_

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

Church Name: \_\_\_\_\_

**Emergency Contact Info:**  
(if different than Parents)

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

Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Phone(s): \_\_\_\_\_

**Additional Info:**

**Medical:** List any allergies or concerns which will help us understand your child's needs.  
\_\_\_\_\_

**Learning/ Other:** Please list any special needs your child may have. \_\_\_\_\_

**General Permission:**

I hereby release and agree to indemnify and hold harmless the parish, its staff, their employees, agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child(ren) or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child(ren)'s participation in this program.

**Permission to Seek Medical Help:**

I understand that in case of illness or injury to my child(ren) listed on this form, the parish will try to notify me or the person I have listed as an emergency contact. In case of said emergency, at a time when I or my emergency contact cannot be notified, I grant full power to the parish to 1) arrange transportation to a proper facility where medical treatment would be administered, and 2) sign releases as may be required in order to obtain any treatment as is required in judgment of medical authorities at the facility.

**Photo Release:**

I grant permission for St. Jude Religious Education to publish my child(ren)'s photographs on the Parish website, social media sites, and publications.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pay Registration Fee  
Online Scan QR Code:

