Tuition DUE: \$

424 Lourdes Church Rd. , Germantown Hills, IL

FAMILY INFORMATION			
Family Last Name:	Date:		
Father's Name:			
Mother's Name:			
Mother's Maiden:	Emergency Contact:		
Home Phone:			
Home Address:	Father Catholic?		
City, ST, Postal: _,			
Father's Cell / Work:	Mother Catholica		
Mother's Cell / Work:	Mother Religion:		
STUDENT #1 INFORMATION			
Child Name:	Catholic? Yes / No		
Gender: \square Male \square Female	Sacrament Details Check & Date All Below		
17410	Sacrament Details Check & Date All Below Baptism:		
Sirth Date:	Baptism:		
Birth Date: Grade:	Baptism: Eucharist:		
Birth Date: Grade: Gession: Class:	Baptism: Eucharist: Reconciliation: Confirmation:		
Birth Date: Grade: Gession: Class: Special Needs (Medical, Learning)	Baptism: Eucharist: Reconciliation:		
Sirth Date: Grade: ession: Special Needs (Medical, Learning) STUDENT #2 INFORMATION	Baptism: Eucharist: Reconciliation: Confirmation:		
irth Date: Grade: ession: Class: Special Needs (Medical, Learning) TUDENT #2 INFORMATION Child Name:	Baptism: Eucharist: Reconciliation: Confirmation: Disablilities, Physical Disabilities etc):		
Sirth Date: Grade: ession: Class: Special Needs (Medical, Learning) CTUDENT #2 INFORMATION Child Name: Gender: Male Female	Baptism: Eucharist: Reconciliation: Confirmation: Disablilities, Physical Disabilities etc): Catholic? Yes / No Sacrament Details Check & Date All Below		
Sirth Date: Grade: ession: Class: Special Needs (Medical, Learning) CTUDENT #2 INFORMATION Child Name: Gender: Gender: Male Female Sirth Date:	Baptism: Eucharist: Reconciliation: Confirmation: Disablilities, Physical Disabilities etc): Catholic? Yes / No Sacrament Details Check & Date All Below Baptism:		
Sirth Date: Grade: ession: Special Needs (Medical, Learning) STUDENT #2 INFORMATION Child Name: Gender: Grade: Grade: Grade:	Baptism: Eucharist: Reconciliation: Confirmation: Disablilities, Physical Disabilities etc): Catholic? Yes / No Sacrament Details Check & Date All Below Baptism: Baptism: Eucharist:		
Birth Date: Grade: Gession: Class: Special Needs (Medical, Learning) STUDENT #2 INFORMATION Child Name: Gender: Male Female Birth Date:	Baptism: Eucharist: Reconciliation: Confirmation: Disablilities, Physical Disabilities etc): Catholic? Yes / No Sacrament Details Check & Date All Below Baptism: Baptism: Reconciliation:		

Term: 2023-2024

NOTE:If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

_____ Tuition PAID: \$

My Formation Registration

424 Lourdes Church Rd., Germantown Hills, IL

Additional	Ctudonto	

STUDENT #3 INFORMATION	
Child Name:	Catholic? Yes / No
Gender:	Sacrament Details Check & Date All Below
Birth Date:	Baptism:
Grade:	Eucharist:
Session:	Reconciliation:
Class:	Confirmation:
Special Needs (Medical, Learning Dis	sablilities, Physical Disabilities etc):
STUDENT #4 INFORMATION	
Child Name:	Yes / No
Gender: \square Male \square Female	Sacrament Details Check & Date All Below
Birth Date:	Baptism:
Grade:	Eucharist:
Session:	Reconciliation:
Class:	Confirmation:
Special Needs (Medical, Learning Dis	sablilities, Physical Disabilities etc):
STUDENT #5 INFORMATION	
Child Name:	Catholic? Yes / No
Gender:	Sacrament Details Check & Date All Below
Birth Date:	Baptism:
Grade:	Eucharist:
Session:	Reconciliation:
Class:	Confirmation:
Special Needs (Medical, Learning Dis	sablilities, Physical Disabilities etc):
NOTE:If any of your children were baptized outside of this parisyou will need to supply a copy for our files.	sh, and you have not already supplied us with a copy of each child's baptismal r

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