

ENV # _____

Catholic Community of St. Jude
Faith Formation Registration 2026-2027
241 W. Second Ave. New Lenox, IL
60451

DATE: _____

FAMILY LAST NAME: _____

MAIN PHONE: _____

FATHER'S NAME: _____

DAD'S CELL: _____

MOTHER'S NAME: _____

MOM'S CELL: _____

MOTHER'S MAIDEN NAME: _____

EMERGENCY CONTACT NAME: _____

HOME ADDRESS: _____

EMERGENCY PHONE: _____

STUDENT(S) RESIDE WITH: _____

MAIN EMAIL: _____

STUDENTS' ADDRESS IF DIFFERENT: _____

ALTERNATE EMAIL: _____

ARE YOU A PARISHIONER OF ST. JUDE? _____

YES

NO

| | | | | | |
|-------------------|-----------|-----------------------|----------------|------------------|---------------------------------|
| CHILD'S FULL NAME | BIRTHDATE | GENDER | 2026-27 SCHOOL | GRADE | 1 st SESSION CHOICE: |
| | | | | | 2 nd SESSION CHOICE: |
| BAPTISM | | RECONCILIATION | | EUCHARIST | |
| CHURCH: | | CHURCH: | | CHURCH: | |
| | | | | | |
| DATE: | | DATE: | | DATE: | |

Special Needs: medical, learning, physical disabilities _____

Request to be in class with: _____

| | | | | | |
|-------------------|-----------|-----------------------|----------------|------------------|---------------------------------|
| CHILD'S FULL NAME | BIRTHDATE | GENDER | 2026-27 SCHOOL | GRADE | 1 st SESSION CHOICE: |
| | | | | | 2 nd SESSION CHOICE: |
| BAPTISM | | RECONCILIATION | | EUCHARIST | |
| CHURCH: | | CHURCH: | | CHURCH: | |
| | | | | | |
| DATE: | | DATE: | | DATE: | |

Special Needs: medical, learning, physical disabilities: _____

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. INITIALS: _____

Consent Form 2026-2027
St. Jude Catholic Community

Parent/Guardian: _____

Cell Phone: _____ Email address: _____

This entire form applies to the following students (include all family members under the age of 18):

Name: _____ Grade: _____ Name: _____ Grade: _____
Name: _____ Grade: _____ Name: _____ Grade: _____

#1. **EMERGENCY CONSENT**

Give Consent:

In the event reasonable attempts to contact me have been unsuccessful, I hereby **give my consent** for any treatment deemed necessary to be administered by medical personnel and, if necessary, the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian: _____ Date: _____

Deny Consent:

I **do NOT give my consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take the following action:

Signature of Parent/Guardian: _____ Date: _____

#2. **IMAGE CONSENT**

This consent is for use of personally identifiable images via electronic, video, auditory, print and other media accessible by the public for educational and/or marketing purposes.

Give Permission:

I **give permission** to St. Jude Catholic Community to use images of my children in educational or marketing materials. I understand the names will not be used unless specific permission is sought.

Signature of Parent/Guardian: _____ Date: _____

Deny Permission:

I **object** to the use of the images of my children for any purpose.

Signature of Parent/Guardian: _____ Date: _____

#3. **FLOCKNOTE CONSENT**

Our main form of communication is email, mainly using Flocknote. Flocknote also has a text messaging service that St. Jude may use to send families important information and reminders.

Give Permission:

I **give permission** to St. Jude Catholic Community to register my cell phone number, given above, for the Flocknote text service and for St. Jude to send me text messages related only to St. Jude events and programs. I understand that I can unsubscribe from this service at any time and that my information will not be sold, distributed, or in any other way shared with entities or affiliates outside of St. Jude. I understand that standard text messaging rates will apply to any messages received from St. Jude. I agree not to hold St. Jude liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number changes I will inform the Faith Formation Office.

Signature of Parent/Guardian: _____ Date: _____

Deny Permission:

I **object** to receiving text messages from St. Jude Catholic Community

Signature of Parent/Guardian: _____ Date: _____

Tuition

2026-2027

Tuition and fees are expected to be paid in full by June 30, 2026 to take advantage of the current tuition rate.

A 50% deposit **must** be paid with registration in order for a child to be placed in a class, with the balance due by **August 15, 2026**, provided payment arrangements have been made with the Office of Faith Formation.

* First Reconciliation and Eucharist are typically received in a child's second consecutive year of Faith Formation, 2nd grade or older.

** Confirmation is typically received in a teen's second consecutive year of Confirmation Preparation, 8th grade or older.

***Any Catholic Bible approved by the United States Council of Catholic Bishops (USCCB) may be used. It is not required that they use the Bibles we offer. The New American Bible, Revised Edition is highly recommended.

St. Jude Office of Faith Formation
241 West Second Avenue
New Lenox, Illinois 60451
815-463-4260

Family Name _____ ENV # _____

Family Phone Number _____ Email Address _____

| Tuition Schedule (includes curriculum, books, materials, technology, etc.) | BEST DEAL Early Bird Discount: All Tuition and Fees PAID IN FULL by June 30, 2026 | TUITION Registration & down payment due by July 30, 2026; balance due by August 15, 2026 <i>If full payment cannot be made at the time of registration, a 50% deposit must be paid in order for a child to be placed in a class and payment arrangements must be made with the Faith Formation office.</i> | REGISTRATION AFTER August 15, 2026 |
|---|---|---|---|
| 1 child (gr 1-12) | \$300 | \$340 | \$380 |
| 2 children (gr 1-12) | \$440 | \$480 | \$520 |
| 3 or more (gr 1-12) | \$540 | \$580 | \$620 |
| PS/K Sunday School | \$100 | \$100 | \$100 |

Today's Date _____

1. Tuition Total From Above _____

2. *First Reconciliation/First Eucharist Preparation Fee **\$50**

3. **Confirmation Preparation Fee Year Two **\$50**

*All 4th through 12th grade students must have a Catholic Bible of their own. They may bring an approved Catholic Bible from home but they must be able to highlight and write in this Bible.****

Visit usccb.org for approved versions, the New American Bible, Revised Edition is recommended.

4. *4th - 12th Grade Youth Bible \$20ea**

Total _____

Amount paid _____

Balance due _____

Adjustments (Business Office use only) _____

Tuition discount available for catechists. Please contact our office for more information.

Cash _____ **Check** _____ **Credit Card** _____

Please Indicate Method of Payment

If a balance remains, please sign below:

I agree to pay the remaining balance by August 15, 2026. *

signature of person responsible for payment

Refund request: There is a \$50 non-refundable registration fee for all refund requests made before classes begin. Once classes begin and a refund is requested before December, a 50% refund may be granted with the \$50 non-refundable registration fee also deducted from the refund. Any refunds requested at a later date will not be given.

Faith Formation tuition and fees are expected to be paid in full at registration. If you cannot make full payment, the minimum deposit of 50% of tuition is expected at time of registration. The remaining balance must be paid in full by August 15, 2026. No family will be turned away from Faith Formation because of inability to pay. If tuition creates a grave financial hardship for your family, please contact the Faith Formation Office for a Tuition Assistance Scholarship (TAS) form. TAS forms must be completed, providing financial information, and submitted to the Director by August 15, 2026 for consideration. **If the balance cannot be paid in full and tuition assistance is not awarded, the person responsible for payment should contact the Faith Formation Office to set up a payment plan.*