

**ST. JOHN THE BAPTIST  
RELIGIOUS EDUCATION  
2025/2026 REGISTRATION**



**FIRST THINGS FIRST...**

*What is our mission and our goal?...Heaven!*

*What is the most important thing we do?...Go to Mass!*

While religious education is important, no class could ever take the place of weekly worship of God at Mass. The Eucharist is the source and summit of the Christian life! It is truly Jesus' body, blood, soul and divinity; our spiritual nourishment. Mass is *the* most important thing we do!

As you begin this new year of Religious Education, we invite you to come back to Church if you have been away. We ask you to renew your commitment to going to church *every* Sunday and to practicing your Catholic Faith as a family through prayer and the sacraments.

**How do we practice our Faith as Catholics?** The 5 Precepts of the Church are given to us as "very necessary minimum" by which we pray and practice our Catholic Faith. These laws help us to grow in love of God and neighbor.

1. Attend Mass on all Sundays and Holy Days of Obligation
2. Confess sins at least once a year
3. Receive Holy Communion at least once a year during the Easter season
4. Observe the days of fast and abstinence established by the Church
5. Help provide for the needs of the Church

**What are the St. John the Baptist Mass and Confession Times?**

Mass: Saturday (Sunday Vigil) 5:00 pm, & Sunday 8:00, 10:00 am and 12:00 pm in the Church

The Sacrament of Reconciliation (Confession): Friday, 3:00 pm & Saturday after 8:00 am Mass in the Church

I understand the expectations above and acknowledge my consent:

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROGRAM INFORMATION**

Kindergarten – 5th Grade Religious Education Classes meet weekly on Tuesday Nights 4:30-5:45 pm

6th Grade Religious Education Classes meet every other week on Tuesday Nights from 6:15 - 8:00 pm (on same week as 7th and 8th grade)

7th and 8th Grade Religious Education Classes (Year 1 and 2 Confirmation Preparation) meet every other week on Tuesday Nights from 6:15 - 8:00 pm (on same week as 6th grade)

## FAMILY INFORMATION

Family Last Name\_\_\_\_\_

Family Address\_\_\_\_\_ City and Zip Code\_\_\_\_\_

### Father's Information

First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Email\_\_\_\_\_ Cell Phone\_\_\_\_\_

Religion\_\_\_\_\_ Occupation\_\_\_\_\_

### Mother's Information

First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Email\_\_\_\_\_ Cell Phone\_\_\_\_\_

Religion\_\_\_\_\_ Occupation\_\_\_\_\_

PLEASE NOTE: Email is our primary means of communication with families.

A Mass is offered every week for the people of St. John the Baptist. We are lifting you up in prayer! Specifically, how can we pray for you? Do you have any prayer intentions for you or for your family?

\_\_\_\_\_  
\_\_\_\_\_

## PARENT ACKNOWLEDGEMENT

This form states that you have read and reviewed the following and that you and your family will support the procedures and policies therein.

- **St. John the Baptist Religious Education Handbook** including the DOJ Anti-bullying Policy and Suggested Procedures for Severe Allergies & EpiPens
- **Parent Guide for Understanding & Preventing Child Sexual Abuse**

Parent / Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent / Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

***Upon registering, please provide a copy each child's sacramental certificates. You must also fill out the "Diocese of Joliet Permission and Medical Release Form" for each child that is enrolled in Catechesis / RE.***

**CHILD 1**

Child's Name First and Last \_\_\_\_\_ Gender M / F

Date of Birth \_\_\_\_\_ Grade in Fall \_\_\_\_\_ School \_\_\_\_\_

**Sacraments Received**

Baptism - Church, City, Date (Year) \_\_\_\_\_

Reconciliation \_\_\_\_\_

Eucharist - Church, City, Date (Year) \_\_\_\_\_

Confirmation - Church, City, Date (Year) \_\_\_\_\_

Does your child have any allergies (food, bee, medications, etc.), physical/learning disabilities, special needs, or other medical conditions? Please describe:

\_\_\_\_\_

**CHILD 2**

Child's Name First and Last \_\_\_\_\_ Gender M / F

Date of Birth \_\_\_\_\_ Grade in Fall \_\_\_\_\_ School \_\_\_\_\_

**Sacraments Received**

Baptism - Church, City, Date (Year) \_\_\_\_\_

Reconciliation \_\_\_\_\_

Eucharist - Church, City, Date (Year) \_\_\_\_\_

Confirmation - Church, City, Date (Year) \_\_\_\_\_

Does your child have any allergies (food, bee, medications, etc.), physical/learning disabilities, special needs, or other medical conditions? Please describe:

\_\_\_\_\_

**CHILD 3**

Child's Name First and Last \_\_\_\_\_ Gender M / F

Date of Birth \_\_\_\_\_ Grade in Fall \_\_\_\_\_ School \_\_\_\_\_

**Sacraments Received**

Baptism - Church, City, Date (Year) \_\_\_\_\_

Reconciliation \_\_\_\_\_

Eucharist - Church, City, Date (Year) \_\_\_\_\_

Confirmation - Church, City, Date (Year) \_\_\_\_\_

Does your child have any allergies (food, bee, medications, etc.), physical/learning disabilities, special needs, or other medical conditions? Please describe:

\_\_\_\_\_

**CHILD 4**

Child's Name First and Last \_\_\_\_\_ Gender M / F

Date of Birth \_\_\_\_\_ Grade in Fall \_\_\_\_\_ School \_\_\_\_\_

**Sacraments Received**

Baptism - Church, City, Date (Year) \_\_\_\_\_

Reconciliation

Eucharist - Church, City, Date (Year) \_\_\_\_\_

Confirmation - Church, City, Date (Year) \_\_\_\_\_

Does your child have any allergies (food, bee, medications, etc.), physical/learning disabilities, special needs, or other medical conditions? Please describe:

\_\_\_\_\_

**CHILD 5**

Child's Name First and Last \_\_\_\_\_ Gender M / F

Date of Birth \_\_\_\_\_ Grade in Fall \_\_\_\_\_ School \_\_\_\_\_

**Sacraments Received**

Baptism - Church, City, Date (Year) \_\_\_\_\_

Reconciliation

Eucharist - Church, City, Date (Year) \_\_\_\_\_

Confirmation - Church, City, Date (Year) \_\_\_\_\_

Does your child have any allergies (food, bee, medications, etc.), physical/learning disabilities, special needs, or other medical conditions? Please describe:

\_\_\_\_\_

## TUITION CONTRACT

Parent Name \_\_\_\_\_

Child Name _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

### Tuition Cost

\$315 for one child

\$425 for two children

\$530 for three or more children

### Additional Fees for Sacramental Years

\$85 for First Reconciliation / First Holy Communion (covers cost of retreats and materials)

\$85 for Confirmation Year 1 & 2 (covers cost of retreats and materials)

### Discounts

Early Bird Discount of \$100 for registrations received before May 31<sup>st</sup>

**My Total Tuition Cost:** \_\_\_\_\_

**Payment Conditions:** Tuition and fees are to be paid **in full** at the time of enrollment. If you are unable to do so, payment plans are available, but a minimum of \$100 deposit (non-refundable) is asked to hold your registration. All accounts must be paid by December 1<sup>st</sup>, 2025.

**Payment Options:** *Cash or check payments are preferable. Checks are payable to "St. John the Baptist Catholic Church". Tuition may also be paid online via credit card using the QR Code*



\_\_\_ One-Time Payment in Full    OR    \_\_\_ Payment Plan (**minimum of \$100 due at the time of registration**)

**Signature of Agreement:** I have read and agree to the conditions set forth in this Tuition Contract. I agree to the schedule and payment of tuition and fees as stipulated in this Tuition Contract.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_