



# Religious Education Program 2026-2027

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

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

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

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

Gender/Age: \_\_\_\_\_

Grade level by September 2026: \_\_\_\_\_

Class: **Sunday 10:00 am—11:15 am**

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

Father's Phone Number: \_\_\_\_\_

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

Mother's Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**Documents needed at registration:**

- Birth Certificate
- Baptismal Certificate
- 1st Communion Cert. (If registering for 1st Yr. Confirmation)

**Please provide Email address:**

Class in English     Class in Spanish

New Student \_\_\_\_\_

Returning Student \_\_\_\_\_

**Please drop off your registration with full payment to: (Credit Cards are accepted)**

Queen of All Nations Parish  
4940 Washington St.  
Hillside, IL 60162

**\*\*ALL RELIGIOUS EDUCATION MEETINGS ARE MANDATORY\*\***

**SACRAMENTAL ENROLLMENT FORM**

My son or daughter needs to be Baptized: \_\_\_\_\_

First year Communion: \_\_\_\_\_

Second year Communion: \_\_\_\_\_

First year Confirmation: \_\_\_\_\_

Second year Confirmation: \_\_\_\_\_

Ongoing Formation: \_\_\_\_\_

**TUITION FOR R.E. PROGRAM IS AS FOLLOWS:**

Full pymt.	Full pymt.
April—August	Sept.-Oct
1 Student \$150 _____	\$175 _____
2 Students \$200 _____	\$225 _____
3 Students \$250 _____	\$275 _____

Ongoing Formation: \$30 (Cost of Book) \_\_\_\_\_

**SACRAMENTAL FEE:**

Communion Fee: \$25.00 \_\_\_\_\_

Confirmation Fee: 1st yr. \$45.00 \_\_\_\_\_  
(T-Shirt Size \_\_\_\_\_) 2nd yr. \$45.00 \_\_\_\_\_

*Late Fee: Payments/Balances after Nov. 1 - \$50.00*

*No Registrations after 10/20/26*

Tuition Fee: \_\_\_\_\_

Sacramental Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Payment: \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_

GiveCentral \_\_\_\_\_

# AUTHORIZATION FORM

## General Permission

I hereby give permission for my child/children to participate in the Queen of All Nations Religious Education Program. I hereby release and indemnify Queen of All Nations, its staff, volunteers and the Archdiocese of Chicago from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I understand that my child is responsible for following safety and behavior regulations while taking part in this program.

## Medical Permission

I grant permission for the administration of First Aid by the people in charge of the program as their judgment deems advisable and to make the necessary referrals to qualified medical personnel for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or injury or accident. In case of medical emergency I understand that every effort will be made to contact the parent/guardian of the participant.

Name of Parent/Guardian (Print) \_\_\_\_\_

Print Names of Children	Grade	Birth Date	Any Allergies and/or Medications

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

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

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Emergency Contact (other than parent): - Name: \_\_\_\_\_

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