



Faith Formation **2026-27**

Thank you for choosing St. Alexander's Faith Formation Program. Along with Father Rosenbaum, we are excited to begin the journey and look forward to serving you and your family with the Good News of Jesus as we grow in faith. We will strive to model and extend the joy and love of our God in every lesson to our children and families.

Faith Formation School Year

Family Mass: September 27, 2026 at 10:30 am

September 27, 2026 - May 2, 2027

Sunday Class Times

PreK - K: During 10:30 am mass

1st - 12th Grades: 11:35 am - 12:25 pm

*****PARENT MEETING*****

Sunday, Sept. 20, 2026 in the School building

1st - 4th Grades at 11:35 am

5th - 12th Grades at 12:00 pm

Tuition and Fees

- **Material Fee:** \$50.00 per child (due at registration)
- **Tuition:** \$50.00 per child (due on Nov 8th)
- **Sacramental Fee:** \$50.00 per child (due on Feb 7th)

*First Communion - 2nd Gr.
Confirmation - 8th Gr and up*

Please have your child(ren)'s Baptismal and Eucharistic Certificate(s) available to better assist you in completing this registration form.

Family Information

Family Last Name:

Communication Preference:

English Spanish

Primary Contact First and Last Name:

Phone Number:

Cell
 Landline

Email Address:

Address:

City:

State, Zip:

Father's First and Last Name:

Mother's First and Last Name:

Resides with: Both Parents Mother Father Other:

Student(s) Information

| Full Name | Birthdate | School Attending | Grade | Medical/Allergies/Needs | Sacrament(s) Still Needed |
|-----------|-----------|------------------|-------|-------------------------|--|
| 1. | | | | | <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation |
| 2. | | | | | <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation |
| 3. | | | | | <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation |
| 4. | | | | | <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation |

Sacramental Information of Student(s): Please use the sacramental certificates to complete the below information.

| Baptismal Name | Place of Birth (City, State) | Baptism Date & Place of Baptism (Church, City, State) | Birth Mother's Name (Including maiden name) Birth Father's Name | Reconciliation Date & Place of Reconciliation (Church, City, State) | 1st Communion Date & Place of Communion (Church, City, State) |
|----------------|---------------------------------|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

****INFORMATION IS REQUIRED FOR PARISH RECORDS****

Please attach a copy of your child's baptismal certificate or email it to: stasfaithform.dre@gmail.com
 Include your child(ren)'s name in the email.

Permissions - Please initial one after for each permission.

General Permission

I hereby give permission for my child/children to participate in the St. Alexander Faith Formation Program. I hereby release and indemnify St. Alexander, its staff, volunteers, and the Joliet Diocese 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.

_____ I have read and agree to the above statement.

_____ I do not agree so my child will not be allowed to participate.

Medical Permission

I grant permission for the administration of first aid by the people in charge of the program as their judgement 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, injury or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery if deemed necessary for my child.

_____ I have read and agree to the above statement.

_____ I do not agree so my child will not be allowed to participate.

Video/Photography Permission

Pictures and videos of the Faith Formation participants, volunteers, and staff may be taken during the year for the publicity of information purposes and to advertise events in the parish. The pictures/videos may be posted on the parish or Diocesan webpages, bulletins boards, social media sites, or publications.

_____ I have read and agree that my child can be photographed.

_____ I do not give permission for my child to be photographed.

Emergency Contact

| Name | Relationship | Phone Number |
|------|--------------|--------------|
| 1. | | |
| 2. | | |