

**ST. PETER CHURCH - RELIGIOUS EDUCATION DEPARTMENT**

1891 Kaneville Road, Geneva, IL - (630) 232-0124

May 1, 2010

Dear Parent(s):

We are eager to register your child(ren) in our Religious Education Program for 2010-11 to meet our deadline of **July 15, 2010**. (NOTE: There is a late fee of \$20 per family for registrations received after July 15.)

Attached are the following:

1. Registration Forms:

Preschool/Kindergarten: Pink Form  
Grade School : Yellow Form  
Junior High : Green Form

2. Religious Education Goals-Partnership Agreement (purple form):

Sign and return this form with your registration. This agreement confirms that you are fully aware of, and approve of, what we hope to achieve and that you understand the Religious Education Goals outlined on the agreement form. These goals are only met through a strong partnership between you, the catechist, and us, the providers of the religious education program

3. Volunteer Form (gold form):

Review, complete and return this form if you would like to participate in the R.E. program. Catechists, CO-Catechists, Assistant Catechists and Babysitters are given the benefit of a greatly reduced tuition fee. We are always in need of catechists (teachers who share their faith).

4. Tuition Fee Schedule (bright green sheet):

There are two separate fee schedules, one for grades 1<sup>st</sup> through 8<sup>th</sup> and another for preschool. If special circumstances prevent you from making full payment at the time of registration, please send us a deposit and letter requesting financial assistance.  
We do not deny anyone religious education because of a lack of funding.

If you have any questions about registration, please contact Nicole at 232-0124, x117.  
We are here to serve you and your family so that we all might grow closer to Our Lord Jesus.

Sincerely yours in Christ Jesus,

John N. Lamperis  
Director of Religious Education

***MARK YOUR CALENDARS – RELIGIOUS EDUCATION BEGINS:***

**Sunday School** begins on Sunday - September 26, 2010

**Grade School RE** begins on Wednesday & Thursday – September 29<sup>th</sup> & September 30<sup>th</sup> 2010

**Jr. High RE** – 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> grad begins on Wednesday – October 6<sup>th</sup>, 2010

**St. Peter Catholic Church**

**Religious Education Program Registration 2010-2011 - GRADE SCHOOL FORM (Grades 1-5)**

Tuition due with registration before July 15, 2010. Please include \$20 late fee per family if submitted after 7/15/10.

**PLEASE NEATLY PRINT ALL INFORMATION ON BOTH SIDES/PAGES OF FORM**

<p><b>Family Information:</b></p> <p>Family Last Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Home Phone _____</p> <p>Cell Phone (optional) _____ E-Mail (optional) _____</p> <p>To whom and with what title should mail be addressed? _____</p> <p>Did you complete a volunteer form? YES NO      Did you volunteer for one of the jobs which enables you to have discounted tuition? YES NO</p> <p>Volunteer positions include: Catechist; Assistant Catechist; Secretary; Babysitter; Crossing Guard; Weekly Clerical and Jr. High Crafter</p>	<p><b>TUITION FEES</b></p> <p><b>Please see attached 2010-2011 Tuition Fee Tables (bright green sheet)</b></p>
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<b>Parent/Guardian Information:</b>	
Are you members of St. Peter's Parish? _____	
Marital Status of Parents _____	If separated, does other parent have legal access? _____
Please check All that apply	
<input type="checkbox"/> 2 parents at home	<input type="checkbox"/> Child(ren) with Mom
<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Dad has remarried
<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Child(ren) with Dad
<input type="checkbox"/> Divorced/Separated	<input type="checkbox"/> Child(ren) with Adult other than parent
<input type="checkbox"/> Mom has remarried	Name and Religion of Step-Parent _____
	Name and address if mail should also go to non-custodial Parent _____
Father's First Name _____	Mother's First Name _____
Father's Last Name _____	Mother's Last Name _____
Father Wk. Phone: _____	Mother's Maiden Name _____
F. Occupation/Employer: _____	Mother Wk. Phone: _____
Religion: _____	M. Occupation/Employer: _____
	Religion: _____

<b>FOR OFFICE USE ONLY:</b>	
Date Returned: _____	Check# _____
3	Late Fee: _____

<b>FAMILY'S LAST NAME:</b>	<input type="text"/>	<b>Birth Date:</b>	<input type="text"/>	<b>Age as of:</b>	<input type="text" value="9/1/2010"/>
<b>Child's Name:</b>	<input type="text"/>	<b>Religion:</b>	<input type="text"/>	<b>Gender (circle one):</b>	<input type="text" value="Male"/> <input type="text" value="Female"/>
<b>Grade as of:</b>	<input type="text" value="9/1/2010"/>				
<b>Request for Class Day/Time (indicate first and second choices)</b>					
Wed. (3:45-4:45 PM) _____ Wed. (5:15-6:15 PM) _____ Thur. (3:45-4:45 PM) _____ HOME STUDY _____					
<b>Allergies, Medication and/or Special Needs:</b> <input type="text"/>					
<b>Baptism Date:</b>	<input type="text"/>	<b>Baptism Church, City, State:</b>	<input type="text"/>		
<b>Reconciliation Date:</b>	<input type="text"/>	<b>Reconciliation Church, City, State:</b>	<input type="text"/>		
<b>Eucharist Date:</b>	<input type="text"/>	<b>Eucharist Church, City, State:</b>	<input type="text"/>		

<b>FAMILY'S LAST NAME:</b>	<input type="text"/>	<b>Birth Date:</b>	<input type="text"/>	<b>Age as of:</b>	<input type="text" value="9/1/2010"/>
<b>Child's Name:</b>	<input type="text"/>	<b>Religion:</b>	<input type="text"/>	<b>Gender (circle one):</b>	<input type="text" value="Male"/> <input type="text" value="Female"/>
<b>Grade as of:</b>	<input type="text" value="9/1/2010"/>				
<b>Request for Class Day/Time (indicate first and second choices)</b>					
Wed. (3:45-4:45 PM) _____ Wed. (5:15-6:15 PM) _____ Thur. (3:45-4:45 PM) _____ HOME STUDY _____					
<b>Allergies, Medication and/or Special Needs:</b> <input type="text"/>					
<b>Baptism Date:</b>	<input type="text"/>	<b>Baptism Church, City, State:</b>	<input type="text"/>		
<b>Reconciliation Date:</b>	<input type="text"/>	<b>Reconciliation Church, City, State:</b>	<input type="text"/>		
<b>Eucharist Date:</b>	<input type="text"/>	<b>Eucharist Church, City, State:</b>	<input type="text"/>		

<b>EMERGENCY INFORMATION: (911 Paramedics will be called if parent's cannot be reached.)</b>					
<b>Doctor's Name:</b>	<input type="text"/>	<b>Doctor's Phone:</b>	<input type="text"/>		
<b>Preferred Hospital:</b>	<input type="text"/>	<b>Hospital Phone:</b>	<input type="text"/>		
<b>Emergency Contact Name:</b>	<input type="text"/>	<b>Contact's Phone:</b>	<input type="text"/>		
<b>Contact's Relationship to Child(ren):</b>	<input type="text"/>				
<b>All Families-Please sign the following Medical Release:</b>					
As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me. If you and the physician of your choice, as indicated on the back, cannot be reached in an emergency and, if in the judgment of the Parish authorities, immediate medical and/or hospital attention is indicated, do you authorize the Parish Authorities to send your child, properly accompanied, to an available hospital or physician?					
<b>Circle Yes or No and sign:</b>	<b>YES</b>	<b>NO</b>	<b>Signature of Parent or Legal Guardian</b> _____		

**St. Peter Catholic Church**

**Religious Education Program Registration 2010-2011 - JUNIOR HIGH FORM (Grades 6-8)**

Tuition due with registration before July 15, 2010. Please include \$20 late fee per family if submitted after 7/15/10.

**PLEASE NEATLY PRINT ALL INFORMATION ON BOTH SIDES/PAGES OF FORM**

<p><b>Family Information:</b></p> <p>Family Last Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Home Phone _____</p> <p>Cell Phone (optional) _____ E-Mail (optional) _____</p> <p>To whom and with what title should mail be addressed? _____</p> <p>Did you complete a volunteer form? YES NO      Did you volunteer for one of the jobs which enables you to have discounted tuition? YES NO</p> <p>Volunteer positions include: Catechist; Assistant Catechist; Secretary; Babysitter; Crossing Guard; Weekly Clerical and Jr. High Crafter</p>	<p><b>TUITION FEES</b></p> <p><b>Please see attached 2010-2011 Tuition Fee Tables (bright green sheet)</b></p>
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<b>Parent/Guardian Information:</b>	
Are you members of St. Peter's Parish? _____	
Marital Status of Parents _____	If separated, does other parent have legal access? _____
<i>Please check All that apply</i>	
<input type="checkbox"/> 2 parents at home	<input type="checkbox"/> Child(ren) with Mom
<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Dad has remarried
<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Child(ren) with Dad
<input type="checkbox"/> Divorced/Separated	<input type="checkbox"/> Child(ren) with Adult other than parent
<input type="checkbox"/> Mom has remarried	<i>Name and address if mail should also go to non-custodial Parent</i>
	_____
	_____
	_____
<i>Father's First Name</i> _____	<i>Mother's First Name</i> _____
<i>Father's Last Name</i> _____	<i>Mother's Last Name</i> _____
<i>Father Wk. Phone:</i> _____	<i>Mother's Maiden Name</i> _____
<i>F. Occupation/Employer:</i> _____	<i>Mother Wk. Phone:</i> _____
<i>Religion:</i> _____	<i>M. Occupation/Employer:</i> _____
	<i>Religion:</i> _____

<b>FOR OFFICE USE ONLY:</b>	
Date Returned: _____	Check# _____
41	Late Fee: _____

<b>FAMILY'S LAST NAME:</b>	<input type="text"/>	<b>Birth Date:</b>	<input type="text"/>
<b>Child's Name:</b>	<input type="text"/>	<b>Religion:</b>	<input type="text"/>
<b>Grade as of:</b>	9/1/2010	<b>Age as of:</b>	9/1/2010
		<b>Gender (circle one):</b>	Male    Female
<b>Request for Class Day/Time (indicate first and second choices)</b>			
Grades 6 or 7 - Wednesday (7:15-8:30 PM) _____ 8th Wednesday (7:00-9:00 PM) _____ HOME STUDY _____			
<b>Allergies, Medication and/or Special Needs:</b> <input type="text"/>			
<b>Baptism Date:</b>	<input type="text"/>	<b>Baptism Church, City, State:</b>	<input type="text"/>
<b>Reconciliation Date:</b>	<input type="text"/>	<b>Reconciliation Church, City, State:</b>	<input type="text"/>
<b>Eucharist Date:</b>	<input type="text"/>	<b>Eucharist Church, City, State:</b>	<input type="text"/>

<b>FAMILY'S LAST NAME:</b>	<input type="text"/>	<b>Birth Date:</b>	<input type="text"/>
<b>Child's Name:</b>	<input type="text"/>	<b>Religion:</b>	<input type="text"/>
<b>Grade as of:</b>	9/1/2010	<b>Age as of:</b>	9/1/2010
		<b>Gender (circle one):</b>	Male    Female
<b>Request for Class Day/Time (indicate first and second choices)</b>			
Grades 6 or 7 - Wednesday (7:15-8:30 PM) _____ 8th Wednesday (7:00-9:00 PM) _____ HOME STUDY _____			
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<b>EMERGENCY INFORMATION: (911 Paramedics will be called if parent's cannot be reached.)</b>			
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<b>Preferred Hospital:</b>	<input type="text"/>	<b>Hospital Phone:</b>	<input type="text"/>
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<b>Contact's Relationship to Child(ren):</b>	<input type="text"/>		
<b>All Families-Please sign the following Medical Release:</b>			
As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me. If you and the physician of your choice, as indicated on the back, cannot be reached in an emergency and, if in the judgment of the Parish authorities, immediate medical and/or hospital attention is indicated, do you authorize the Parish Authorities to send your child, properly accompanied, to an available hospital or physician?			
<b>Circle Yes or No and sign:</b>	YES	NO	<b>Signature of Parent or Legal Guardian</b> _____

**St. Peter Catholic Church**  
**Religious Education Program -- Registration 2010-2011 - PRESCHOOL FORM (Ages 3, 4, 5)**  
 Tuition due with registration before July 15, 2010 - Please include \$20 late fee per family if submitted after 7/15/10.

**PLEASE NEATLY PRINT ALL INFORMATION ON BOTH SIDES/PAGES OF FORM**

<p><b>Family Information:</b></p> <p>Family Last Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Home Phone _____</p> <p>Cell Phone (optional) _____ E-Mail (optional) _____</p> <p>To whom and with what title should mail be addressed? _____</p> <p>Did you complete a volunteer form? YES NO      Did you volunteer for one of the jobs which enables you to have discounted tuition? YES NO</p> <p>Volunteer positions include: Catechist; Assistant Catechist; Secretary; Babysitter; Crossing Guard; Weekly Clerical and Jr. High Crafter</p>	<p><b>TUITION FEES</b></p> <p><b>Please see attached 2010-2011 Tuition Fee Tables (bright green sheet)</b></p>
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<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Child(ren) with Dad
<input type="checkbox"/> Divorced/Separated	<input type="checkbox"/> Child(ren) with Adult other than parent
<input type="checkbox"/> Mom has remarried	<i>Name and address if mail should also go to non-custodial Parent</i>
	_____
	_____
	_____
<i>Father's First Name</i> _____	<i>Mother's First Name</i> _____
<i>Father's Last Name</i> _____	<i>Mother's Last Name</i> _____
<i>Father Wk. Phone:</i> _____	<i>Mother's Maiden Name</i> _____
<i>F. Occupation/Employer:</i> _____	<i>Mother Wk. Phone:</i> _____
<i>Religion:</i> _____	<i>M. Occupation/Employer:</i> _____
	<i>Religion:</i> _____

<b>FOR OFFICE USE ONLY:</b>	
Date Returned: _____	Check# _____
3	Late Fee: _____

<b>FAMILY'S LAST NAME:</b>	<input type="text"/>	<b>Birth Date:</b>	<input type="text"/>
<b>Child's Name:</b>	<input type="text"/>	<b>Religion:</b>	<input type="text"/>
<b>Grade as of:</b>	9/1/2010	<b>Age as of:</b>	9/1/2010
<b>Request for Class Day/Time (indicate first and second choices)</b>		<b>Gender (circle one):</b>	
Sunday (9:00 AM) _____ Sunday (11:00 AM) _____		Male    Female	
<b>Allergies, Medication and/or Special Needs:</b> <input type="text"/>			
<b>Baptism Date:</b>	<input type="text"/>	<b>Baptism Church, City, State:</b>	<input type="text"/>
<b>Reconciliation Date:</b>	<input type="text"/>	<b>Reconciliation Church, City, State:</b>	<input type="text"/>
<b>Eucharist Date:</b>	<input type="text"/>	<b>Eucharist Church, City, State:</b>	<input type="text"/>

<b>FAMILY'S LAST NAME:</b>	<input type="text"/>	<b>Birth Date:</b>	<input type="text"/>
<b>Child's Name:</b>	<input type="text"/>	<b>Religion:</b>	<input type="text"/>
<b>Grade as of:</b>	9/1/2010	<b>Age as of:</b>	9/1/2010
<b>Request for Class Day/Time (indicate first and second choices)</b>		<b>Gender (circle one):</b>	
Sunday (9:00 AM) _____ Sunday (11:00 AM) _____		Male    Female	
<b>Allergies, Medication and/or Special Needs:</b> <input type="text"/>			
<b>Baptism Date:</b>	<input type="text"/>	<b>Baptism Church, City, State:</b>	<input type="text"/>
<b>Reconciliation Date:</b>	<input type="text"/>	<b>Reconciliation Church, City, State:</b>	<input type="text"/>
<b>Eucharist Date:</b>	<input type="text"/>	<b>Eucharist Church, City, State:</b>	<input type="text"/>

<b>EMERGENCY INFORMATION: (911 Paramedics will be called if parent's cannot be reached.)</b>			
<b>Doctor's Name:</b>	<input type="text"/>	<b>Doctor's Phone:</b>	<input type="text"/>
<b>Preferred Hospital:</b>	<input type="text"/>	<b>Hospital Phone:</b>	<input type="text"/>
<b>Emergency Contact Name:</b>	<input type="text"/>	<b>Contact's Phone:</b>	<input type="text"/>
<b>Contact's Relationship to Child(ren):</b>	<input type="text"/>		
<b>All Families-Please sign the following Medical Release:</b>			
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<b>Circle Yes or No and sign:</b>	YES	NO	<b>Signature of Parent or Legal Guardian</b> _____

***St. Peter Catholic Church***  
***Religious Education Goals***

**KNOW, UNDERSTAND, AND RECITE BY HEART THESE EIGHT PRAYERS :**

**The Nicene Creed, The Our Father, The Hail Mary, “Hail, Holy Queen”,  
Act of Contrition, The Glory Be, The Memorare, “Come, Holy Spirit”,  
Anima Christi, Sacrament Most Holy**

**KNOW, UNDERSTAND, AND PARTAKE OF THESE SACRAMENTS :**

**Eucharist** - (receive weekly or more often if possible)

**Reconciliation** - (receive on a monthly basis with your family when possible or needed)

**KNOW, UNDERSTAND, AND LIVE BY :**

**The Ten Commandments & The Seven Precepts (laws) of the Church**

**INCORPORATE, UNDERSTAND, AND MAINTAIN a devoted prayer life.**

***(In order to have an active relationship with God)***

**UNDERSTAND, NAVIGATE, IMPLEMENT, AND DISCUSS Bible passages.**

***(In order to live by the Word of God)***

***(Cut here and keep top for your records)***

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**PARENT (Primary Catechist) AND RELIGIOUS EDUCATION PARTNERSHIP AGREEMENT**

(I) We \_\_\_\_\_ agree to allow St. Peter Catholic Church in Geneva, Illinois to assist us in achieving the above stated religious education goals for our child/children by the eighth grade of their religious education. St. Peter Religious Education Department will provide our child/children with religious education classes that are structured to assist in achieving these goals. (I) We plan to incorporate said goals into our own set of goals and to do everything possible to assist our youth with their spiritual development. (I) We understand that (I am) we are the primary catechist(s) for our child's/children's religious education and spiritual formation.

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

\_\_\_\_\_  
John N. Lamperis

Director of Religious Education

St. Peter Catholic Church - Geneva, IL

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

Date : \_\_\_\_\_

***(Please submit this signed agreement with the registration form.)***

**2010/11 VOLUNTEER FORM FOR RELIGIOUS EDUCATION**

St. Peter Church, Geneva, IL

Name : \_\_\_\_\_ Phone : \_\_\_\_\_  
Address : \_\_\_\_\_ Children : \_\_\_\_\_  
E-Mail : \_\_\_\_\_ (Grades) : \_\_\_\_\_

**1. Catechists/Assistant Catechists:**

**Discount: See Tuition Fee Schedule  
(bright green sheet)**

**Please circle the position and the session (day/time) for which you wish to volunteer:**

Catechist or Co-Catechist with \_\_\_\_\_ OR Assistant Catechist  
Grade Level Teaching Preference: \_\_\_\_\_ Do you want your child in your class? Yes No

<b>Preschool Sessions</b>	Sunday 9:00 am	Sunday 11:00 am	
<b>Grade School Sessions</b>	Wednesday 3:45 pm	Wednesday 5:15 pm	Thursday 3:45 pm
<b>Junior High Sessions</b>	Wednesday 7:15- 8:30 pm (6 <sup>th</sup> & 7 <sup>th</sup> )	Wednesday 7:00-9:00 pm (8 <sup>th</sup> - First and Third Wednesday of the month)	

**2. Volunteers Needed During R.E. Sessions:**

**Please circle the position and the session (day/time) for which you wish to volunteer:**

<b>Secretary</b> for Preschool (2 needed per session)	Sun. 9:00 am	Sun. 11:00 am	
<b>Secretary</b> for Grade School (6 needed per session)	Wed. 3:45 pm	Wed. 5:15 pm	Thurs. 3:45 pm
<b>Secretary</b> for Jr. High (6 needed per session)	Wed. 7:15 pm	Wed. 7:00-9:00pm (8 <sup>th</sup> 2x a month)	
<b>Babysitter</b> for Grade School (9 needed per session)	Wed. 3:45 pm	Wed. 5:15 pm	Thurs. 3:45 pm
<b>Crossing Guard</b> for Grade School (4 needed/session)	Wed. 3:45 pm	Wed. 5:15 pm	Thurs. 3:45 pm
<b>Jr. High Crafter</b> (20 needed)	Wed. 7:15 pm	4 sessions	

**3. Clerical/Office Volunteers (20 needed):**

Clerical Volunteers work in the R.E. Office approx. 2 hrs/week. Preferred Day/time: \_\_\_\_\_

**The volunteers listed in Boxes 2 and 3, immediately above, will be assigned based on a first come-first served basis. You will be expected to be present at least every other week.**

**4. Substitute Catechists Needed on Infrequent Basis:**

Would you like to be a **Substitute Catechist**? Please circle the session(s) when you are available.

<b>Preschool Sessions</b>	Sunday 9:00 am	Sunday 11:00 am	
<b>Grade School Sessions</b>	Wed. 3:45 pm	Wed. 5:15 pm	Thurs. 3:45 pm
<b>Jr. High Sessions</b>	Wed. 7:15 pm	Wed. 7:00-9:00pm (8 <sup>th</sup> 2x a month)	

**2010-2011 Tuition Fees**  
**St. Peter Church - Religious Education**

<b><u>1st through 8th Grades</u></b>	Regular Fee	Catechist/Co- Catechist Fee	Assistant Catechist & Babysitter Fee
1 Child	\$180		
2 Children	\$260	\$50 per child	\$75 per child
3 or more Children	\$330		

<b><u>Ages 3 - 5 years</u></b>	Regular Fee	Catechist/Co- Catechist Fee	Assistant Catechist Fee
1 Child	\$100		
2 Children	\$150	\$50 per child	\$75 per child
3 or more Children	\$200		

***R.E. Tuition is Due by July 15, 2010 (\$20 late fee per family after July 15).***