

**Please mail form to:**

Sheil Catholic Center  
2110 Sheridan Road  
Evanston, IL 60201  
Attn: Sheil School of Religion - Registrar

**Total Fee Enclosed** \_\_\_\_\_

\$75 for 1 Child  
\$65 for each additional child up to max 3  
4 plus no charge

**Sheil Catholic Center School of Religion  
2011-12 Registration**

Child's Name	Grade	Birth Date	Baptismal Certificates on file at Sheil (please circle)
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

Names of Child(ren) will receive the following sacraments this year:

First Communion (2nd Grade or older) \_\_\_\_\_

Reconciliation (2th Grade or older) \_\_\_\_\_

Confirmation (8th Grade or older) \_\_\_\_\_

**Please Note: A copy of the child's Baptismal certificate is required on file at Sheil Catholic Center for child to receive a sacrament.**

We are registered members of Sheil Catholic Center (required for registration) Yes / No  
(please circle)

Parents' Names: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

***Please provide an email address as we do all our communication via email.***

Please indicate which of the following areas you would like to participate in. This is a mandatory requirement. If you do not select an item below, you will be assigned to the Hospitality Committee.

\_\_\_\_\_ Parent Aid

\_\_\_\_\_ Service Projects Committee

\_\_\_\_\_ Hospitality Committee

\_\_\_\_\_ Sacramental Preparation Committee