Julie Kreye, CRE
6254 Valley Knoll Dr
Rockford, IL 61109
(815) 398-0853 OR (815) 519-6491

St. Rita Catholic Church

F.I.R.E. — FAMILY IMMERSED RELIGIOUS EDUCATION

REGISTRATION 2026 - 2027 (Religious Ed, First Communion, & Confirmation)

REGISTER ON LINE AT stritarockford.org Website
Registration Due by September 1, 2026

Parish ID #_____ Today's Date:_____
Last Name: _____
Street Address: _____
City: _____Zip:_____
Email Address: _____
Home Phone ( ) _____ - _____
Mom Cell Phone ( ) _____ - _____
Dad Cell Phone ( ) _____ - _____

Are you registered at St. Rita? ( ) Yes ( ) No

RELIGIOUS EDUCATION FEES

Family with 1 child in program $ 125.00 ($100 if paid by Aug 24th)
Family with 2 or more children $ 175.00 ($150 if paid by Aug 24th)
Grades K,1, 3-6 Annual Book Fee $ 20.00 (per child)

Sacramental Preparation

If your child will be receiving a sacrament this year, please check the appropriate lines:

First Reconciliation Prep (Grade 1): Book fee	$ 20.00	_____
Sacrament fee	$ 20.00	_____
First Communion Prep (Grade 2): Book fee	$ 25.00	_____
Sacrament fee	$ 20.00	_____
Confirmation Prep(Gr 7-8): One Time Book fee	$ 30.00	_____
One Time Sacrament fee	$ 25.00	_____

PARENTS/GUARDIANS

Father's Name:_____
Place of Work: _____
Business Phone: ( ) _____ - _____
Religion:_____
Marital Status: _____

Mother's Name: _____
Maiden Name: _____
Place of Work: _____
Business Phone: ( ) _____ - _____
Religion: _____

EMERGENCY INFORMATION

If you are unable to reach me, in the event of an emergency, please contact the following:

Name: _____
Relationship: _____
Address: _____
Phone Number: ( ) _____ - _____

Photography Permission

Occasionally photographs are taken at Religious Education classes to be published in the bulletin or on St. Rita Website.

Please fill out and sign the attached photo permission slip. Only one slip required per family.

We use FLOCKNOTE to send notifications such as class reminders, cancellations, date changes, etc. Text: strita to 84576 from smartphone to subscribe.

See attached schedule for year 2026/2027 required classes.

Dates are subject to change

FIRE Program – Required Attendance

Monthly:

Family Session (All Family Members)

1st Saturday (October – May)
4:30 PM Mass followed by session (ends by 7:15 PM)

Sacramental Preparation (2-Year Programs)

1st Reconciliation (Grade 1)

3rd Sunday: 9:30 AM Mass + class 10:30–11:45 AM

1st Communion (Grade 2)

1st Saturday: 3:00–4:15 PM
3rd Sunday: 9:30 AM Mass + class 10:30–11:45 AM

Confirmation (Grades 7–8)

1st Saturday: 3:00–4:15 PM
3rd Sunday: 9:30 AM Mass + class 10:30–11:45 AM

Grades K and 3 thru 6

3rd Sunday: 9:30 AM Mass + class 10:30–11:45 AM

Only students that have been in the program for two years and have met all the requirements will receive their sacraments.

STUDENT INFORMATION

Student Name: _____ Sex: ____ Birth Date: _____ Age: _____
School attending this fall: _____ In grade (2026-2027): _____

SACRAMENTS:	*DATE*	*CHURCH*	*CITY*
Baptism*:	_____	_____	_____
Reconciliation*:	_____	_____	_____
Eucharist*:	_____	_____	_____

Health Problems / Learning Disabilities: _____

***Note: If **sacraments** were **not** received at St. Rita, **copies** of the Baptism and First Eucharist certificates are **required**. **Also,** a **copy** of the child's **birth certificate** is **required** for the first year of enrollment.

Student Name: _____ Sex: ____ Birth Date: _____ Age: _____
School attending this fall: _____ In grade (2026-2027): _____

SACRAMENTS:	*DATE*	*CHURCH*	*CITY*
Baptism*:	_____	_____	_____
Reconciliation*:	_____	_____	_____
Eucharist*:	_____	_____	_____

Health Problems / Learning Disabilities: _____

***Note: If **sacraments** were **not** received at St. Rita, **copies** of the Baptism and First Eucharist certificates are **required**. **Also,** a **copy** of the child's **birth certificate** is **required** for the first year of enrollment.

Student Name: _____ Sex: ____ Birth Date: _____ Age: _____
School attending this fall: _____ In grade (2026-2027): _____

SACRAMENTS:	*DATE*	*CHURCH*	*CITY*
Baptism*:	_____	_____	_____
Reconciliation*:	_____	_____	_____
Eucharist*:	_____	_____	_____

Health Problems / Learning Disabilities: _____

***Note: If **sacraments** were **not** received at St. Rita, **copies** of the Baptism and First Eucharist certificates are **required**. **Also,** a **copy** of the child's **birth certificate** is **required** for the first year of enrollment.

Student Name: _____ Sex: ____ Birth Date: _____ Age: _____
School attending this fall: _____ In grade (2026-2027): _____

SACRAMENTS:	*DATE*	*CHURCH*	*CITY*
Baptism*:	_____	_____	_____
Reconciliation*:	_____	_____	_____
Eucharist*:	_____	_____	_____

Health Problems / Learning Disabilities: _____

***Note: If **sacraments** were **not** received at St. Rita, **copies** of the Baptism and First Eucharist certificates are **required**. **Also,** a **copy** of the child's **birth certificate** is **required** for the first year of enrollment.