



March, 2019

Dear Religious Education Parents,

Thank you for your commitment in continuing teaching the Catholic Faith to your children. We are here to support you in passing the Catholic Faith on to your children and as such, enclosed you will find the Religious Education registration information for the 2019-2020 school year.

Please make special note of the following:

Early registration, those received **on or before July 15, 2019 will receive the 'early bird' tuition rate.** The regular tuition rate will apply for registration received **after July 15, 2019. After September 1, 2019, a \$50 late fee will be added** to the regular tuition rate. **A fee of \$50 may be assessed for participants that are not Parishioners of IC prior to September 1, 2019**

- Please see the enclosed tuition rate sheet for all tuition/fees for the upcoming school year.
- The Medical Emergency Information and Authorization form is required for each school year and must accompany your registration
- Classes changed after the first week of classes will incur a \$50 class-change fee.
- If you wish to request a particular classroom placement for your child, please read, complete, and include the blue form with your registration no later than **July 15, 2019.**
- As you know, our volunteers, in the form of catechist, aides, office helpers are a vital component of our successful Religious Education program. Please prayerfully consider walking in the steps of others before you as you join this very special ministry as you learn and grow in your own faith and are touched in a very special way by our Religious Education children. Two adults are necessary in each classroom.
- Additional registration materials may be downloaded from the IC Parish website, icelmhurst.org. Religious Education is found under the Faith Formation tab. From there, the RE Classes & Registration tab on the right will take you to the forms.

Baptismal Certificates are required for NEW students as well as ALL children beginning sacramental preparation in the 1st grade and 7th grade. Please include the appropriate Certificate of Baptism with your registration.

God's Blessings each and every day. We look forward to seeing you in the fall!

Sister Mary Francis
DRE – K-5
630-530-3480

srmaryfrancis@icelmhurst.org

Mrs. Josephine Bastianoni
DRE – Jr. High
630-530-5262

jbastianoni@icelmhurst.org

IMMACULATE CONCEPTION PARISH RELIGIOUS EDUCATION REGISTRATION FORM 2019-2020

PLEASE PRINT CLEARLY. THE MAJORITY OF OUR COMMUNICATIONS ARE VIA EMAIL.

OFFICE USE ONLY DATE RECEIVED: _____

PRIMARY EMAIL ADDRESS: _____

FAMILY NAME: _____ PRIMARY PHONE: () _____ **CLASSTIME PHONE:** () _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

MOTHERS INFO: NAME: _____ MAIDEN NAME: _____ E-MAIL: _____ CELL PHONE: () _____

OCCUPATION: _____ RELIGION: _____ STATUS: single married separated divorced widowed

FATHERS INFO: NAME: _____ E-MAIL: _____ CELL PHONE: () _____

OCCUPATION: _____ RELIGION: _____ STATUS: single married separated divorced widowed

BAPTISMAL RECORDS ARE REQUIRED FOR EACH CHILD

Starting With The YOUNGEST CHILD Enter Information On All Children Registering	Se x	Date of Birth	Baptism	Church of Baptism and Address	Eucharist	Reconciliation	Confirmation	Circle Desired Session	OFFICE USE ONLY Baptismal Cert. On File
Name: _____ Grade/School in Fall _____	M	/ /	Y	Church _____ Date _____ City/State _____	Y	Y	Y	Sunday: 10:10-1:15am Wednesday: 5:10-6:15 pm	Y N <u>Room Assignment</u>
Name: _____ Grade/School in Fall _____	M	/ /	Y	Church _____ Date _____ City/State _____	Y	Y	Y	Sunday: 10:10-1:15am Wednesday: 5:10-6:15 pm	Y N <u>Room Assignment</u>
Name: _____ Grade/School in Fall _____	F	/ /	N	Church _____ Date _____ City/State _____	N	N	N	Sunday: 10:10-1:15am Wednesday: 5:10-6:15 pm	N N <u>Room Assignment</u>

PICTURE RELEASE: I agree to allow pictures to be taken of my children for the program and understand that pictures may be published in the parish bulletin and on the parish website.

YES _____ NO _____ **Signature (REQUIRED)** _____

Please list children TRANSFERRING from another R.E. Program or Catholic School. Please include name and location of the parish.



Diocese of Joliet

Religious Education Office
16555 Weber Road
Crest Hill, IL 60403

MEDICAL EMERGENCY INFORMATION AND AUTHORIZATION FORM

I grant permission for the administration of First Aid to my child(ren) by the people in charge of the **Immaculate Conception Religious Education Program**, and to make the necessary referrals to qualified physicians 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 accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

1. **Child's Name:** _____ **Birth Date:** _____

Allergic to medication/other? NO / YES If yes, please describe _____

Medication(s) presently taking: _____

2. **Child's Name:** _____ **Birth Date:** _____

Allergic to medication/other? NO / YES If yes, please describe _____

Medication(s) presently taking: _____

3. **Child's Name:** _____ **Birth Date:** _____

Allergic to medication/other? NO / YES If yes, please describe _____

Medication(s) presently taking: _____

4. **Child's Name:** _____ **Birth Date:** _____

Allergic to medication/other? NO / YES If yes, please describe _____

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____ Insurance Company: _____

Policy Number: _____ Identification Number: _____

Authorized Physician: _____ Phone: (____) _____

EMERGENCY CONTACT INFORMATION

Signature of Parent/Guardian _____ Date: _____

Address: _____

Street _____ City _____ State/Zip _____

Primary Phone # _____ Alternate Phone # _____

Emergency Contact Person: _____ Relationship to Child: _____

Primary Phone # _____ Alternate Phone # _____

Immaculate Conception Parish † Religious Education † Volunteer Signup Form

We need a great number of volunteers to make our RE program successful and enjoyable. When you give your time and talent to our children, you will learn and grow as well. We promise!

Name: _____ Phone: _____

Email: _____

All NEW volunteers must attend a United States Bishops-mandated "Protecting God's Children" workshop and a background check is also required. IC offers the PGC class on an ongoing basis. The Virtus information sheet enclosed in the registration packet will give you more information on the program.

_____ *I have already attended the PGC (Virtus) session and will provide the I.C.R.E. office with a copy of my certificate of participation. The certificate will then be kept on file with Christian Service.*

_____ *I have NOT participated in the PGC (Virtus) session but I am willing to attend the training.*

_____ **Catechist:** All lesson plans and materials are provided for you. One year commitment to lead approximately 20 classes, mid-September – mid/late April.

Preferred Grades: _____

Class Time (circle one) Wed. 5:10pm – 6:15 pm Sun. 10:10am – 11:15am

_____ **Catechist Aide:** One year commitment to assist a catechist during class time, mid-September – mid/late April. If needed, you may be asked to occasionally substitute for the catechist with proper notification.

Preferred Grades: _____

Class Time (circle one) Wed. 5:10pm – 6:15 pm Sun. 10:10am – 11:15am

_____ **Substitute Catechist:** This does not require a regular commitment. You will be called as needed and will be supplied a lesson plan for that week

Preferred Grades: _____

Class Time (circle one) Wed. 5:10pm – 6:15 pm Sun. 10:10am – 11:15am

_____ **RE Office Helper:** You will *occasionally (as often as you would like)* be asked to volunteer in the RE office either in the grade school building or the high school building during Sunday morning class time ONLY.

Class Building (circle one) Grade School Building High School Building

Please know, it is because of our parents, the first teachers of the children, that make our IC Religious Program the success that it is.

Special Request for R.E. Class Placement
2019-2020

Parent Making Request: _____ Contact Information: _____

Child Requiring Special Placement: _____ Grade _____

Requesting: Catechist (Print name of catechist.) _____

OR Peer (Print name of peer(s). We do not have a record of the public school that each child
in our RE program attends.) _____

Reason(s) why child requires special RE class placement _____

Please read the following and provide signature.

Our Religious Education staff places students in specific classrooms so that there is a balance of boys and girls and a comparable number of students in each grade level classroom. This type of placement avoids possible behavior issues and creates an environment that is conducive to learning and aids in classroom management. The directors feel that as a Church we are all part of the Body of Christ and therefore, the children should be open to meeting peers from different schools and neighborhoods. This type of experience broadens their understanding of their faith community. Within each classroom the focus is learning. Students benefit from learning about their faith from a variety of catechists. All of the catechists bring their own unique talents and gifts into the classroom.

After reading the above statement, I still wish to have my request honored for the benefit of my child's faith formation.

Parent Signature: _____

**IMMACULATE CONCEPTION
RELIGIOUS EDUCATION
TUITION AND FEES
2019-2020**

Payment received on/before July 15, 2019

1 student	\$275
2 students	\$350
3 students	\$400

Payment received after July 15, 2019

1 student	\$325
2 students	\$400
3 students	\$500

Late fee incurred after September 1, 2019

\$50

Class Change Fee after the first week of class

\$50

2nd Grade First Eucharist Fee

\$70 per student

8th Grade Confirmation Fee

\$70 per student

A fee of \$50 will be assessed for participants that are not parishioners of IC prior to September 1, 2019

To keep program costs within collected revenues, free will donations are appreciated. Suggested contribution amounts are \$20 per family.