



May, 2022

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 2022-23 school year. It is our expectation to offer in person Religious Education classes on Wednesdays and Sundays, in the ICGS building. Particular family needs will be addressed on an individual basis.

*Register before **July 15, 2022 to receive the lowest tuition rate.** This includes a substantial savings over the regular rate. The regular tuition rate will apply for registrations received **after July 15, 2022.** **Tuition is due at time of registration.** If, however you are unable to pay in full at this time, please do not delay your registration. A monthly invoice can be sent, or contact the Religious Education Office if you require tuition assistance.*

The registration is not considered complete until all paperwork is turned in. This includes:

- Copy of Baptismal Certificate is required for all new students
 - Registration form
 - Tuition/Fees worksheet with payment
 - Medical Emergency Form
 - Volunteer Form
-
- If you wish to request a particular classroom placement for your child, please read, complete, and include the appropriate special request form with your registration no later than **July 15, 2022.**
 - Class placements will be sent out in early September.
 - As you know, our Catechist and Catechist Aides 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.

Please check the Religious Education page of the IC Parish website www.icelmhurst.org for ongoing updates to our IC Religious Education program. Please don't hesitate to contact us with any questions you may have.

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

Sister Mary Francis
DRE – K-5
smaryfrancis@icelmhurst.org
630-530-3480

Mrs. Josephine Bastianoni
DRE – Jr. High
jbastianoni@icelmhurst.org

IMMACULATE CONCEPTION PARISH RELIGIOUS EDUCATION REGISTRATION FORM 2022-2023

OFFICE USE ONLY DATE RECEIVED: _____

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

FAMILY NAME: _____ PRIMARY EMAIL ADDRESS: _____
 CLASS TIME PHONE: () _____

ADDRESS: _____ CITY/STATE: _____

MOTHER'S INFO: NAME: _____ E-MAIL: _____ CELL PHONE: () _____
(if different than primary email)

MAIDEN NAME: _____ RELIGION: _____ STATUS: single married separated divorced widowed

FATHER'S INFO: NAME: _____ E-MAIL: _____ CELL PHONE: () _____
(if different than primary email)

RELIGION: _____ STATUS: single married separated divorced widowed

BAPTISMAL RECORDS ARE REQUIRED FOR EACH CHILD

Starting With The YOUNGEST CHILD Enter information for each child	Sex	Date of Birth	Baptism	Church of Baptism and Address	Eucharist	Reconciliation	Confirmation	Circle Desired Session	OFFICE USE ONLY Baptismal Cert. On File
Name: _____ Public School Attending _____ Grade in Fall 2022 _____	Y	/ /	Y	Church _____ Date _____ City/State _____	Y	Y	Y	Sunday: 10:10-11:15 am Wednesday: 5:10-6:15 pm	Y N <u>Class Room Assignment</u>
Name: _____ Public School Attending _____ Grade in Fall 2022 _____	M F	/ /	Y N	Church _____ Date _____ City/State _____	Y N	Y N	Y N	Sunday: 10:10-11:15 am Wednesday: 5:10-6:15 pm	Y N <u>Class Room Assignment</u>
Name: _____ Public School Attending _____ Grade in Fall 2022 _____	M F	/ /	Y N	Church _____ Date _____ City/State _____	Y N	Y N	Y N	Sunday: 10:10-11:15 am Wednesday: 5:10-6:15 pm	Y N <u>Class 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.



Participant Name	FIRST	LAST
Address	City	Zip
Parent Name	Parent / Guardian 1	Name-Parent/Guardian 2
Parent Cell		Cell-Parent/Guardian 2
Parent Email	Parent / Guardian 1	Teen Cell - (HS Only)
Parish Name	City	Zip
School Attending	City	
Date of Birth	Age	Grade M/F

GENERAL PERMISSIONS

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos and or/photos may be taken during this event. This authorization form constitutes permission to use my image in video and/or photos which may be used for future promotional efforts including the parish and/or Diocese of Joliet website. *If you wish to opt out of this permission initial here: Parent/Guard Initial _____*

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.

Parent/Guardian initial _____ Participant initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: _____ by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the 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 of 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 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 injections, anesthesia or surgery if deemed necessary for my child.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES NO
If YES, please describe: _____

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ I.D.# _____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ Relation _____

Name: _____

Phone: _____ Relation _____

Participant Signature	Date
Parent/Guardian Signature	Date

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 IC Director of Christian Ministry, Ms. Pam Stefik, will contact you with details once you volunteer.

_____ *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

_____ I decline to volunteer for the current school year.

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
2022-2023

Parent Making Request: _____ Email: _____

Child Requiring Special Placement: _____ Grade _____

Requesting: Catechist (Print name of catechist.) _____

OR Peer (Print name and grade of peer) _____

Children cannot necessarily be placed together if they don't register at the same time.

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
2022-2023**

PAYMENT OF TUITION & FEES DUE AT REGISTRATION

Registration Fee

\$25 non-refundable fee per family

Early Bird Tuition received on/before July 15, 2022

1 student	\$350
2 students	\$450
3 students	\$525

Tuition Payment received after July 15, 2022

1 student	\$375
2 students	\$475
3 students	\$550

First Eucharist fee for 2nd Graders

\$100 per student

Confirmation Fee for 8th Graders

\$100 per student*

*Includes Confirmation robe

Class Change Fee after the first week of class

\$50

Registration Fee	\$25.00
Tuition	
Sacrament Fees	
Free Will Donation*	
TOTAL DUE	

****Fund for families needing help with tuition.***

Please indicate "Religious Education" on all checks and envelopes. Credit Card payment is accepted via www.icelmhurst.org – Click on "Donate Today" button and follow directions there for a "one time donation." Please contact the IC Finance Office for questions on credit card payment @ 630-530-8515.