****

**OUR LADY OF PEACE**

**CHRIST THE SERVANT**

**RELIGIOUS EDUCATION REGISTRATION**

**2021-2022**

**Are you a registered member *Our Lady of Peace* parish?** **Yes \_\_No \_\_** **Parish ID#\_\_\_\_\_\_\_\_\_**

**Are you a registered member *Christ the Servant* parish? Yes \_\_No\_\_ Envelope#\_\_\_\_\_\_\_\_\_**

**PLEASE PRINT:** Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

***\*Primary address of student(s) - mailing address***

Primary Guardian / Parent #1Preferred Contact

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Guardian / Parent #2

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary language spoken at home if not English: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child(ren) live(s) with: Father: \_\_\_\_\_\_ Mother: \_\_\_\_\_\_ Stepfather: \_\_\_\_\_ Stepmother: \_\_\_\_\_ Guardian: \_\_\_\_\_

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Emergency Contact, in the event we are unable to reach a parent during a session:

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

**All classes are held at Our Lady of Peace School Building**

**709 Plainfield Rd. Darien, Illinois 60561.**

|  |  |
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| **Class Sessions:** **A**- Grades K-8th Tuesday Afternoon Session 4:30 - 5:45 pm **B** **-** Grades 1-8th Tuesday Evening Session 6:00-7:15 pm**C** - Grades 1-8th Wednesday Evening Session 6:00-7:15 pm**D** - Grades 1-8th Remote eLearning Lessons\* \*Please note those preparing to receive a sacrament will have several in-person lessons and activities. | **List each child & session preference on page 2 and check the box for 1st and 2nd choices.** |
| While best efforts are made to honor placement requests, class sizes are limited, and placement will be made on a first completed registration, first-placed basis. **A registration is complete when all four pages are filled out completely, they are in the Parish Office and a payment is made or a payment agreement is in place with the Religious Formation Office.**  | **\_\_\_\_**We have participated in Religious Education at either CTS or OLP previously and have supplied the parish with a copy of each child’s baptismal record.**New families/children:****\_\_\_\_\_\_** I am including copies of my children’s baptismal records-**or** -**\_\_\_\_\_\_**  My children were baptized at CTS or OLP  |
| ***Please complete reverse side of this page*** |

|  |  |  |  |
| --- | --- | --- | --- |
| Office Use Only:  | Parishioner # \_\_\_\_\_\_\_\_\_ | Gift-sharing: \_\_\_\_\_\_ | Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Reg. # | Baptismal cert: \_\_\_\_\_\_ | Medical form: \_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Method:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Family Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s First Name****(***Enter each child below)* | **M/F** | **Date of Birth** | **Last RF Grade****Completed** | **School****Grade****2021-22** | **School** | **Sacraments** (Check if Received) | **1st** **Choice** **Day/Time** | **2nd Choice Day/Time** |
|  |  |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  | \_\_ Baptism\_\_ Reconciliation\_\_ Eucharist |  |  |
| Medical Conditions, Allergies |
| Special Educational Needs  |
| How Does Your Child Learn Best? |
| Special Emotional Needs or Situations  |
|  |
| 2. |  |  |  |  |  | \_\_ Baptism\_\_ Reconciliation\_\_ Eucharist |  |  |
| Medical Conditions  |
| Special Educational Needs |
| How Does Your Child Learn Best? |
| Special Emotional Needs or Situations |
|  |
| 3. |  |  |  |  |  | \_\_ Baptism\_\_ Reconciliation\_\_ Eucharist |  |  |
| Medical Conditions, Allergies |
| Special Educational Needs |
| How Does Your Child Learn Best? |
| Special Emotional Needs or Situations |
|  |
| 4. |  |  |  |  |  | \_\_ Baptism\_\_ Reconciliation\_\_ Eucharist |  |  |
| Medical Conditions, Allergies  |
| Special Educational Needs |
| How Does Your Child Learn Best? |
| Special Emotional Needs or Situations |
| **The Diocese requires that the following acknowledgments to be on file for each family:***These forms are available online at the Religious Formation webpage or hard copy outside the Religious Formation Office.***PARENT ACKNOWLEDGEMENT FOR 2021/2022**I acknowledge that I have received and read the: * **Parent Guide: Understanding & Preventing Child Sexual Abuse**
* **Parent Guide:** **Internet Safety for Children & Teens**
* **Diocesan Pastoral Policy Regarding Sexual Abuse of Minors**
* **Standards of Behavior for Those Working with Minors** (Only for families **NEW** to the Religious Formation Program in 2019/2020)

I have reviewed the 2021-2022 Religious Formation Policy Handbook.Videotaping and Still Photographs may be taken during Religious Formation classes and events. I give permission for my child(ren)’s participation in the videotaping and/or still photographs, which may be used for recording of events, and future promotional efforts, including the parish website.  **Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***The parties agree that this document may be electronically signed and that the electronic signatures appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.**Transmission via email is not encrypted, so if you are concerned about the security of your sensitive information, please print and fax this form, surface mail it or hand deliver it.* |

**Christ the Servant & Our Lady of peace**

**Religious Education Program**

**2021-2022 Medical Permission Form**

**Insurance Information:** (same for all children in family)

Policy in the name of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that first aid will be administered by the adult staff in charge of the Religious Formation (and/or those transporting my child to and from program events and activities) as their judgment deems advisable. I grant permission for adult staff to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified at the onset of any serious illness or in the event of a serious accident and prior to any major surgery, unless a delay in communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to secure proper treatment for my child as deemed necessary.

I grant permission for the administration of First Aid to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First and Last)

Does this child have allergies? (Medication, foods, insect bites or stings, etc.)

No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant permission for the administration of First Aid to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First and Last)

Does this child have allergies? (Medication, foods, insect bites or stings, etc.)

No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant permission for the administration of First Aid to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First and Last)

Does this child have allergies? (Medication, foods, insect bites or stings, etc.)

No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant permission for the administration of First Aid to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First and Last)

Does this child have allergies? (Medication, foods, insect bites or stings, etc.)

No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

*The parties agree that this document may be electronically signed and that the electronic signatures appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.*

*Transmission via email is not encrypted, so if you are concerned about the security of your sensitive information, please print and fax this form, surface mail it or hand deliver it.*

**OUR LADY OF PEACE**

**RELIGIOUS EDUCATION**

**2021-2022 TUITION AND FEES**

To confirm your student's placement, submit your full payment and completed registration.

Registrations received without full payment will be held until your payment is received.

|  |  |
| --- | --- |
| **TUITION** | **…….Number of students X $150 ea. = $ \_\_\_\_\_**  |
| **Sacrament Prep Fee** | **…….Number of students X $100 ea. = $\_\_\_\_\_**  |

Make checks payable to: OUR LADY OF PEACE PARISH

Note: RELIGIOUS EDUCATION in the Memo TOTAL $**\_\_\_\_\_\_\_\_**

|  |
| --- |
| **⃣** CASH $\_\_\_\_\_ **● ⃣** CHECK #\_\_\_\_\_ $\_\_\_\_ **●** Staff Initials\_\_\_\_ Date\_\_\_\_\_\_ |

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| **RETURN the following, to the Religious Education Dept. using the enclosed envelope:** |
| * ***Registration Form and your check Payable to: Our Lady of Peace Parish***
 |
| * ***New families please include Baptismal and/or Holy Communion Certificates from another parish.***
 |
| * ***Please return to the OLOP Business Office*** ** ***709 Plainfield Rd*** ** ***Darien, IL 60561***
 |
| ***Questions? Please call Christine Goba (630) 986-8430 or email at*** ***cgoba@olopdarien.org*** |

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**Christ the Servant**

**RELIGIOUS EDUCATION**

**2021-2022 TUITION AND FEES**

**Full payment should be received before classes begin, September 7, 2021**

|  |  |
| --- | --- |
| **TUITION** | **…….Number of students X $150 ea. = $ \_\_\_\_\_**  |
| **Sacrament Prep Fee** | **…….Number of students X $100 ea. = $\_\_\_\_\_**  |

Make checks payable to: CHRIST THE SERVANT CHURCH

Note: RELIGIOUS EDUCATION in the Memo TOTAL $**\_\_\_\_\_\_\_\_**

 **⃣ I am paying Tuition in Full at this time**

 **⃣ ONLINE $\_\_\_\_\_ (include receipt) ⃣ CASH $\_\_\_\_\_ ⃣ CHECK #\_\_\_\_\_ $\_\_\_\_**

 **⃣ I am paying $\_\_\_\_\_\_\_\_** at this time with remainder due by 9/7/2021

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| **RETURN the following, to CHRIST THE SERVANT:** |
| * ***Registration Form and your check Payable to: CHRIST THE SERVANT CHURCH***
 |
| * ***New families please include Baptismal and/or Holy Communion Certificates from another parish.***
 |
| * ***Please return to the CTS Business Office*** ** ***8700 Havens Dr.*** ** ***Woodridge, IL 60517***
 |
| ***Questions? Please call Christine Goba (630) 986-8430 or email at*** ***cgoba@rcdoj.org*** |

