



www.olopdarien.org

June 16, 2022

Dear Religious Education Parent,

Thank you for the opportunity this year to provide your child with ongoing catholic formation as part of our religious education program. As the 2021-22 school year comes to a close, we set our sights ahead to next year year. Planning has begun for the new 2022-23 year and we ask you take a moment to help us in our efforts by registering your student to secure their enrollment in our program.

Please find enclosed our new 2022-23 registration form, enclosed with a return envelope for your convenience. **Please return your registration no later than August 20th** to ensure enrollment for your child. It is important that you note a few special items:

- We have consolidated our RE sessions to Tuesday nights only. You may choose between **Session A** (4:30pm-5:45pm) and **Session B** (6:00pm-7:15pm).
- If your student has received a sacrament at a parish other than Our Lady of Peace, you will need to submit record of the sacrament from the parish where it was received with your registration packet.
- Payment in full is required at the time of registration in order for your student to be placed into a session.
- Remote Learning will not be offered for the 2022-23 school year.
- Tuition Assistance is available for families in need (see attached form).

Enjoy your summer break and we look forward to a wonderful school year ahead. If you have any questions regarding registration, please contact the religious education office at 630.986.8430.

Sincerely,

Rev. Mark Baron, MIC

Reverend Mark Baron
Parish Administrator

OUR LADY OF PEACE CATHOLIC PARISH
709 Plainfield Rd. Darien, Illinois 60561.
630.986.8430 religioused@olopdarien.org

RELIGIOUS EDUCATION REGISTRATION 2022-2023

OLP Parish ID#: _____

Home Parish: (if not OLP) _____

PLEASE PRINT:

Primary Guardian / Parent #1 Preferred Contact

Last Name: _____

First Name: _____

Address: _____

City/Zip: _____

Home Phone #: _____

Cell Phone #: _____

Email: _____

Relation: _____

Secondary Guardian / Parent #2

Last Name: _____

First Name: _____

Address: _____

City/Zip: _____

Home Phone #: _____

Cell Phone #: _____

Email: _____

Relation: _____

Emergency Contact Name: _____ Cell Phone #: _____

Please indicate anyone **NOT ALLOWED** to pick up your child and provide details:

Requirements of the Diocese of Joliet

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 2022/2023

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 2022-2023 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.

Parent Last Name: _____

Child 1:

Last Name: _____ First Name: _____

Birth date: ____/____/____ Gender: ___ F ___ M RE Grade in Fall of 2022: _____

Please X if Child is completing one of the following: _____ First Communion _____ Confirmation

Preferred Class Session: (circle one) A - Tuesday 4:30 – 5:45pm B – Tuesday 6:00 – 7:15pm

Child 2:

Last Name: _____ First Name: _____

Birth date: ____/____/____ Gender: ___ F ___ M RE Grade in Fall of 2022: _____

Please X if Child is completing one of the following: _____ First Communion _____ Confirmation

Preferred Class Session: (circle one) A - Tuesday 4:30 – 5:45pm B – Tuesday 6:00 – 7:15pm

Child 3:

Last Name: _____ First Name: _____

Birth date: ____/____/____ Gender: ___ F ___ M RE Grade in Fall of 2022: _____

Please X if Child is completing one of the following: _____ First Communion _____ Confirmation

Preferred Class Session: (circle one) A - Tuesday 4:30 – 5:45pm B – Tuesday 6:00 – 7:15pm

Child 4:

Last Name: _____ First Name: _____

Birth date: ____/____/____ Gender: ___ F ___ M RE Grade in Fall of 2022: _____

Please X if Child is completing one of the following: _____ First Communion _____ Confirmation

Preferred Class Session: (circle one) A - Tuesday 4:30 – 5:45pm B – Tuesday 6:00 – 7:15pm

Parent Last Name: _____

**OUR LADY OF PEACE CATHOLIC PARISH
RELIGIOUS EDUCATION
2022-2023 TUITION AND FEES**

To confirm your student's placement, submit your full payment and completed registration.
Registrations received without full payment cannot be processed for enrollment.

Tuition:

Number of Student(s) _____ X \$150.00 (each) = \$ _____

Additional Sacrament Prep Fee (s):

First Communion Student(s) _____ X \$100.00 (each) = \$ _____

Confirmation Student(s) _____ X \$100.00 (each) = \$ _____

(Tuition + Sacrament Prep Fees *if applicable*) **TOTAL \$** _____

CASH \$ _____

CHECK # _____ \$ _____

Staff Initials _____

Date _____

***Office use only**

Parent Checklist:

- Religious Education Registration 2022-2023 packet and your check Payable to: **Our Lady of Peace Parish** *indicate Religious Education in Memo section (1 per family)
- Include Baptismal Certificates (New Families Only)
- Diocese of Joliet Permission and Medical Forms (1 per child)

RETURN all forms with payment by August 20, 2022 using the enclosed envelope. Forms can be returned to the RE drop box in front of the Parish Office Building or mailed to: **709 Plainfield Rd, Darien, IL 60561**

Questions? Please call (630) 986-8430 or email at religioused@olopdarien.org



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

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 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* _____

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.

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 _____

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.

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

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ **I.D.#** _____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

In the event of an emergency please contact:

Name: _____

Phone: _____ **Relation** _____

Name: _____

Phone: _____ **Relation** _____

Participant Signature	Date
Parent/Guardian Signature	Date

**OUR LADY OF PEACE
RELIGIOUS EDUCATION**

To receive financial assistance from the parish, it is necessary for parents/guardians to complete this **confidential** application. Tuition assistance may be granted to parishioners based on demonstrated financial need and subject to the availability of sufficient parish funds. Someone from your parish may contact applicants to discuss your needs.

<u>Family Information</u>		Parish Registration (Envelope) Number: _____
Names of Parents/Guardians (first & last) _____		
Names of children registering in the Religious Education Program:		
Child	Grade	Child
Grade		Grade
1. _____	_____	3. _____
2. _____	_____	4. _____
Address: _____ _____		
Phone: _____ Best day/time to reach you if necessary: _____		
Email: _____		

Total Tuition/Fees for year _____	Amount you agree to pay each month: _____	Amount of assistance requested: _____
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Please provide details of your financial hardship. Information will be held in confidence.

Signature: _____ Date: _____

(Office use only)

Pastor's Approval:

Finance Council Approval:

Please return this form to:

**Our Lady of Peace
Business Office
701 Plainfield Road
Darlen, IL 60561
(630) 323-4392**