

OUR LADY OF PEACE CATHOLIC PARISH
709 Plainfield Rd. Darien, Illinois 60561.
630.986.8430 religioused@olopdarien.org
"Forming Hearts in the Peace of Christ"
RELIGIOUS EDUCATION REGISTRATION 2024-2025

OLP Parish ID#: _____

PLEASE PRINT: Child(ren) Last Name: (if different from Parent) _____

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 #: _____

Emergency Contact must be different name & number from Guardian/Parent

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

Check box if your child(ren) is (are) Homeschooled.

Parent Last Name: _____

Child(ren) Last Name: (if different from Parent): _____

Child 1:

Last Name: _____ First Name: _____

Birth date: ____/____/____ Gender: ___ F ___ M RE Grade in Fall of 2024: _____

If Child is making a sacrament in the **2024/25** school year, please **X** 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 2024: _____

If Child is making a sacrament in the **2024/25** school year, please **X** 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 2024: _____

If Child is making a sacrament in the **2024/25** school year, please **X** 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 2024: _____

If Child is making a sacrament in the **2024/25** school year, please **X** 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: _____

Child(ren)'s Last Name: (if different from Parent): _____

**OUR LADY OF PEACE CATHOLIC PARISH
RELIGIOUS EDUCATION
2024-2025 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 2024-2025 packet and your check Payable to: **Our Lady of Peace Parish**
*indicate Religious Education in Memo section (1 per family)
- **Include Baptismal Certificates REQUIRED for 1st Communion & Confirmation**
- Diocese of Joliet Permission and Medical Forms (1 per child)

RETURN all forms with payment by August 15, 2024 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			
Address		City	Zip
Parent Name	Name-Parent/Guardian 2		
Parent Cell	Cell-Parent/Guardian 2		
Parent Email	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