

# Our Lady of Peace

CATHOLIC PARISH

June 2025

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. Planning has begun for the new 2025-26 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 2025-26 registration form, enclosed with a return envelope for your convenience. **Please return your registration no later than August 15<sup>th</sup>** to ensure enrollment for your child. Please note our enrollment requirements below:

- For your child to be enrolled in our RE program, you must be a registered active parishioner of Our Lady of Peace.
- Payment in full is required at the time of registration in order for your student to be placed into a session.
- Tuition Assistance is available for families in need who are registered active Our Lady of Peace parishioners (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. Michael Baker  
Parish Administrator

**OUR LADY OF PEACE CATHOLIC PARISH**  
709 Plainfield Rd. Darien, Illinois 60561.  
630.986.8430 [religioused@olopdarien.org](mailto:religioused@olopdarien.org)  
**RELIGIOUS EDUCATION REGISTRATION 2025-2026**

PLEASE PRINT CLEARLY

OLP Parish ID#: \_\_\_\_\_

Child(ren) Last Name: (if different from Parent) \_\_\_\_\_

**Parent / Primary Guardian**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Relation: \_\_\_\_\_

**Parent**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Relation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

## CONFIDENTIAL PARENTAL INFORMATION

### Marital Status

Indicate if you are legally divorced \_\_\_\_\_ separated \_\_\_\_\_ N/A \_\_\_\_\_

Attach a copy of the separate agreement or custody agreement page(s) indicating custody status with any special instructions Our Lady of Peace needs to be made aware of regarding your child relating to our Religious Education Program. This information is confidential and will be kept in your student's file.

### Pickup Authorization

List of any person who is not authorized to pick up your child from  
Religious Education Classes or events held in the parish center or church.

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### Communication

Should both the custodial and/or non-custodial parent receive  
communications regarding the Religious Education Program including homework, evaluations, sacrament preparation,  
events and Mass schedules?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, then only the custodial parent noted on file will receive this information.

### Student Needs

Please provide our office with any additional information regarding your child, i.e. learning, behavior or physical special needs that you feel would be helpful to best support your child and family while enrolled in our program. This information will allow our staff and catechists to meet the needs of your child and allow for a positive Religious Education learning experience.

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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 2025: \_\_\_\_\_

If Child is making a sacrament in the **2025/26** school year, please **X** one of the following:

\_\_\_\_ First Communion      \_\_\_\_ Confirmation

School & Grade Attending in the Fall \_\_\_\_\_

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

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**Child 2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ F \_\_\_\_ M RE Grade in Fall of 2025: \_\_\_\_\_

If Child is making a sacrament in the **2025/26** school year, please **X** one of the following:

\_\_\_\_ First Communion      \_\_\_\_ Confirmation

School & Grade Attending in the Fall \_\_\_\_\_

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

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**Child 3:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ F \_\_\_\_ M RE Grade in Fall of 2025: \_\_\_\_\_

If Child is making a sacrament in the **2025/26** school year, please **X** one of the following:

\_\_\_\_ First Communion      \_\_\_\_ Confirmation

School & Grade Attending in the Fall \_\_\_\_\_

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

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Parent Last Name: \_\_\_\_\_

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

**OUR LADY OF PEACE CATHOLIC PARISH**  
**RELIGIOUS EDUCATION**  
**2025-2026 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 \$** \_\_\_\_\_

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☐ CASH \$ \_\_\_\_\_ ☐ CHECK # \_\_\_\_\_ \$ \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

\*Office use only

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**Parent Checklist:**

- Religious Education Registration 2025-2026 packet and your check Payable to: **Our Lady of Peace Parish**  
\*indicate Religious Education in Memo section (1 per family)
- **Baptismal Certificates REQUIRED for new students**
- Diocese of Joliet Permission and Medical Forms (1 per child)

**RETURN all forms with payment by August 15, 2025** 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](mailto:religioused@olopdarien.org)



# DIOCESE OF JOLIET



Rev 9/2021

## Permission/Medical Release for Minors

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

# OUR LADY OF PEACE CATHOLIC PARISH

## Religious Education Tuition Assistance Request

To receive financial assistance from Our Lady of Peace Parish, it is necessary for parents/guardians to complete this confidential application. Tuition assistance may be granted to **registered parishioners** based on demonstrated financial need and subject to the availability of sufficient parish funds. A staff member may contact you to discuss your needs.

### Parent/ Guardian

Parish Registration (Envelope) Number \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

	<u>Child</u>	<u>Grade</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Total Tuition + any Sacramental Prep Fees: \$ \_\_\_\_\_

Amount paid with registration: \$ \_\_\_\_\_

Amount of Financial Assistance requested: \$ \_\_\_\_\_

Please provide details of your current financial hardship. All information is confidential.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only: Pastor's Approval \_\_\_\_\_