Our Lady of Peace
CATHOLIC PARISH

July 2026

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 2026-27 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 2026-27 registration form, enclosed with a return envelope for your convenience. **Please return your registration no later than August 15th** 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,

Fr. Michael Baker
Parish Administrator

OUR LADY OF PEACE CATHOLIC PARISH

709 Plainfield Rd. Darien, Illinois 60561.
630.986.8430 religioused@olopdarien.org

RELIGIOUS EDUCATION REGISTRATION 2026-2027

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.

_____

_____

_____

_____

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.

_____

_____

_____

_____

_____

_____

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 2026: _____

If Child is making a sacrament in the **2026/27** 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.***

Child 2:

Last Name: _____ First Name: _____

Birth date: _____/_____/_____ Gender: ___ F ___M RE Grade in Fall of 2026: _____

If Child is making a sacrament in the **2026/27** 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.***

Child 3:

Last Name: _____ First Name: _____

Birth date: _____/_____/_____ Gender: ___ F ___ M RE Grade in Fall of 2026: _____

If Child is making a sacrament in the **2026/27** 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.***

Parent Last Name: _____

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

OUR LADY OF PEACE CATHOLIC PARISH
RELIGIOUS EDUCATION
2026-2027 TUITION AND FEES

To confirm your student's placement, submit your <u>full payment and completed registration</u>.
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 2026-2027 packet and your check Payable to: **<u>Our Lady of Peace Parish</u>** *indicate Religious Education in Memo section (1 per family)
- **Baptismal Certificates <u>REQUIRED</u> for new students**
- Diocese of Joliet Permission and Medical Forms (1 per child)

RETURN all forms with payment by August 15, 2026 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 <u>religioused@olopdarien.org</u>

DIOCESE OF JOLIET

Rev 01/2022

Permission/Medical Release for Minors

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 Students ONLY)**	
Parish Name		**City**	**Zip**
School Attending		**City**	**Zip**
Date of Birth	**Age**	**Grade**	**M** ☐ **F** ☐

GENERAL PERMISSIONS

I request that my child:_____

be allowed to participate in:_____

_____

I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

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.

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: _____

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Video/photos may be taken during this event. This authorization form constitutes permission for my child's participation in video and/or photos, which may be used for future promotional efforts, including the Parish and/or Diocese of Joliet website. *Additionally*, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmic content. If you wish to opt out initial here:

Parent/Guardian Initial to Opt Out of Photos _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ **Relation**_____

Name: _____

Phone: _____ **Relation**_____

Participant Signature		**Date**
Parent/Guardian Signature		**Date**