



HOLY VIRGIN MARTYRS RELIGIOUS EDUCATION

4157 ATLANTIC AVENUE

SCHILLER PARK, IL 60176

847-671-6429

RELIGIOUSEDCOORDINATOR@OUTLOOK.COM

REGISTRATION FORM

FAMILY NAME

MOTHER'S MAIDEN NAME

MOTHER'S NAME

FATHER'S NAME

MOTHER'S RELIGION

()

FATHER'S RELIGION

()

MOTHER'S CELL PHONE

FATHER'S CELL PHONE

MOTHER'S EMAIL

FATHER'S EMAIL

STREET ADDRESS

CITY/ZIP

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

CHILD(REN) LIVE WITH: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ LEGAL GUARDIAN

CAN YOUR CHILD(REN) WALK HOME? ☐ YES ☐ NO

CAN YOUR CHILDRE HAVE A SNACK? ☐ YES ☐ NO

AUTHORIZATION FOR MEDICAL TREATMENT & EMERGENCY CONTACT:

NAME OF CHILD'S PHYSICIAN

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PHYSICIAN'S PHONE NUMBER

IN THE EVENT THAT I OR MY AUTHORIZED PHYSICIAN CANNOT BE REACHED, AND IN THE JUDGEMENT OF THE RELIGIOUS EDUCATION COORDINATOR OR OTHER APPROPRIATE STAFF MEMBER, THERE IS A NECESSITY FOR IMMEDIATE EXAMINATION AND/OR TREATMENT OF MY CHILD(REN), DO YOU AUTHORIZE THE AFORESAID PERSONNEL TO OBTAIN FOR YOUR CHILD(REN) SUCH MEDICAL SERVICES AS ARE DEEMED NECESSARY?

☐ YES, I AUTHORIZE TREATMENT ☐ NO, I DO NOT AUTHORIZE TREATMENT

EMERGENCY CONTACT NAME (OTHER THAN PARENT)

RELATIONSHIP TO CHILD

()

EMERGENCY CONTACT NUMBER

CONSENT OF SAFE ENVIRONMENT TRAINING

THE ARCHDIOCESE OF CHICAGO MANDATES THAT ALL RELIGIOUS EDUCATION PROGRAMS TO PROVIDE SAFE ENVIRONMENT TRAINING TO THEIR STUDENTS DURING CLASS. DO YOU GIVE PERMISSION FOR YOUR CHILD(REN) TO TAKE PART IN THIS TRAINING? ☐ YES ☐ NO

CONSENT OF MEDIA RELEASE

YOU MAY USE MY CHILD'S IMAGE IN THE FOLLOWING WAYS (CHECK ALL THAT APPLY).

- ☐ NO, YOU MAY NOT USE MY CHILDS IMAGE
☐ IN THE PARISH BULLETIN
☐ IN THE CLASSROOM OR LOBBY , OR RELIGIOUS ED NEWSLETTER
☐ ON THE PARISH WEBSITE OR RELIGIOUS ED. FACEBOOK PAGE

SACRAMENTAL PHOTOS:

IF YOUR CHILD(REN) ARE RECEIVING A SACRAMENT, DO YOU WANT THEM TO PARTICIPATE ANY CLASS PHOTOS OR VIDEOS TAKEN DURING THE SACRAMENT?

- ☐ NO, MY CHILDREN CANNOT PARTICIPATE IN ANY SACRAMENTAL PHOTOS/VIDEO
☐ YES MY CHILDREN CAN PARTICIPATE IN ☐ PHOTOS ☐ VIDEO

TUITION:

- ☐ \$275 FOR 1 CHILD
☐ \$325 FOR 2 CHILDREN
☐ \$350 FOR 3 OR MORE CHILDREN

SACRAMENTAL FEES:

COMMUNION

_____ CHILDREN AT \$50 = \$ _____

CONFIRMATION

_____ CHILDREN AT \$100 = \$ _____

| | |
|---|-----------------|
| TUITION: | \$ _____ |
| SACRAMENTAL FEES: | \$ _____ |
| PAYMENT PLAN FEE OR PAID IN FULL DISCOUNT: | \$15.00 |
| TOTAL TUITION | \$ _____ |

PAYMENT PLANS

FAMILIES THAT PAY IN FULL WILL RECEIVE A \$15 DISCOUNT. PAYMENT PLANS ARE AVAILABLE. BY ENROLLING IN A PAYMENT PLAN A \$15 FEE WILL BE ADDED TO MY TUITION AND A \$75 NON-REFUNDABLE DEPOSIT IS DUE AT REGISTRATION WITH MONTHLY PAYMENTS BEGINNING IN OCOTOBER AND THE BALANCE OF THE TUITION BEING PAID IN FULL ON THE FIRST CLASS OF APRIL. WILL YOU BE ENROLLING IN A PAYMENT PLAN?

- ☐ YES ☐ NO, I WILL BE ELIGIBLE FOR THE PAID IN FULL DISCOUNT

PAYMENT METHODS

WE ACCEPT CASH, CHECKS MADE PAYABLE TO **HOLY VIRGIN MARTYRS PARISH** , AND CREDIT CARD. A 3% FEE WILL BE ADDED TO EACH CREDIT CARD TRANSACTION.

PARENTAL TUITION AND HANDBOOK AGREEMENT:

BY MY SIGNATURE BELOW, I AGREE TO THE FOLLOWING TERMS:

I HAVE RECEIVED, READ, AND ACCEPT THE RULES AND REGULATIONS OF THE HOLY VIRGIN MARTYRRS RELIGIOUS EDUCATION PROGRAM AS PRINTED IN THE HANDBOOK; AND I AGREE THAT I AM FINANCIALLY RESPONSIBLE TO THE RELGIOUS EDUCATION PROGRAM FOR ALL TUITION, FEES, AND OTHER CHARGES INCURRED DURING THE YEAR, AND WILL ADHERE TO THE FINANCIAL POLICIES LAID OUT IN THE RELIGIOUS EDUCATION HANDBOOK.

PARENT/GUARDIAN SIGNATURE

DATE

FOR OFFICE USE ONLY:

FOR ONLINE FORM SUBMISSIONS:

THIS FORM WAS FILLED OUT & SUBMITTED ONLINE AND WAS RESPONDENT # _____

BY MY SIGNATURE BELOW, I HAVE ACCEPTED AND REVIEWED THIS REGISTRATION FORM.

RELIGIOUS EDUCATION COORDINATOR'S SIGNATURE

DATE

CHILD 1:

FIRST

MIDDLE

LAST

DATE OF BIRTH: _____

GRADE: _____

WHICH CLASS DAY/TIME WILL YOUR CHILD ATTEND?

☐

SATURDAYS - 9:00 - 11:30AM

☐

TUESDAYS - 600 - 8:00PM

☐

HOMESCHOOL

PLEASE LIST ANY MEDICAL CONCERNS, ALLERGIES, LEARNING OR DEVELOPMENTAL DISABILITIES:

SACRAMENTS**PARISH NAME****DATE RECEIVED****BAPTISM****FIRST RECONCILIATION****FIRST COMMUNION****CHILD 2:**

FIRST

MIDDLE

LAST

DATE OF BIRTH: _____

GRADE: _____

WHICH CLASS DAY/TIME WILL YOUR CHILD ATTEND?

☐

SATURDAYS - 9:00 - 11:30AM

☐

TUESDAYS - 600 - 8:00PM

☐

HOMESCHOOL

PLEASE LIST ANY MEDICAL CONCERNS, ALLERGIES, LEARNING OR DEVELOPMENTAL DISABILITIES:

SACRAMENTS**PARISH NAME****DATE RECEIVED****BAPTISM****FIRST RECONCILIATION****FIRST COMMUNION****CHILD 3:**

FIRST

MIDDLE

LAST

DATE OF BIRTH: _____

GRADE: _____

WHICH CLASS DAY/TIME WILL YOUR CHILD ATTEND?

☐

SATURDAYS - 9:00 - 11:30AM

☐

TUESDAYS - 6:00 - 8:00PM

☐

HOMESCHOOL

PLEASE LIST ANY MEDICAL CONCERNS, ALLERGIES, LEARNING OR DEVELOPMENTAL DISABILITIES:

SACRAMENTS**PARISH NAME****DATE RECEIVED****BAPTISM****FIRST RECONCILIATION****FIRST COMMUNION**

