

Date Registration Received: _____

**ST. PHILIP THE APOSTLE RELIGIOUS EDUCATION PROGRAM
FAMILY REGISTRATION FORM FOR 2018/2019 SCHOOL YEAR**

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Family Name _____ Dad's Name _____ Mom's Name _____
 Street Address _____ City/Zip Code _____
 Home Phone # _____ Dad's Cell # _____ Mom's Cell # _____
 Dad's Work # _____ Mom's Work # _____
 Dad's E-mail _____ Mom's E-mail _____

**Our primary form of communication with families will be the School Messenger automated message system.
 Please check which method of communication you prefer to receive:
 Phone Call to _____ E-mail to _____ @ _____ Text to _____**

Please enter information for each of your children who will be attending the 2018/2019 religious education program classes or who will be participating in the home study program. ***If you are registering a student who did not attend the religious education program last year, you will need to provide your child's baptismal certificate.***

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Returning (R) or New Student (N)	Last Name, First Name of Enrolling Student	Gender Male (M) or Female (F)	Birthdate MM/DD/YY	Grade in 2018/2019	Home Study (HS) or RE Classes (RE)
R ___ or N ___		M ___ or F ___			HS ___ or RE ___
R ___ or N ___		M ___ or F ___			HS ___ or RE ___
R ___ or N ___		M ___ or F ___			HS ___ or RE ___
R ___ or N ___		M ___ or F ___			HS ___ or RE ___

METHOD OF PAYMENT (office use only)

Date	Check (#), Cash (Initials), Credit Card (Visa, MC)	Amount	Balance

FEE BREAKDOWN

DATES & CONDITIONS	1 CHILD	2 CHILDREN	3+ CHILDREN
Registered after June 1, 2018; fees paid in full at registration	\$230	\$320	\$365
Registered after June 1, 2018; fees being paid in installments.	\$250	\$340	\$385
Sacramental Fees for Grades 2 & 8	\$25 fee covers extra texts, retreats, meetings, and Sacramental supplies.		

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TOTAL FEE DUE: _____
 ___ We will pay the registration fee of \$100 and pay the remainder of the fee in installments.
 ___ We will pay the registration fee of \$100, and we would like the RE Director to call us to discuss our financial situation.
 Signature: _____ Date: _____

Turn page over to fill out back of form →

MEDICAL EMERGENCY FORM UPDATE FOR 2018/2019

This form updates my original permission form for the child/children listed below who are registered in the RE Program to receive emergency treatment if I cannot be contacted while they are attending religious education classes at St. Philip the Apostle Parish. I agree to the terms of the original statement.

Parent's Signature: _____ **Date:** _____

Please list children's names below and any issues that may impact on their religious education experience.

Child's Name	Medical problem, allergies, or learning disability

Please list an emergency name and phone number if parents cannot be reached at the phone numbers listed on the front of this form:

Name: _____ **Relationship:** _____ **Phone #:** _____

PICTURES/VIDEO PERMISSION: Pictures/videos of the religious education students may be taken during the school year for publicity or information purposes to advertise events in the parish. The pictures may be posted on the parish website, the parish bulletin boards, in parish publications and/or newspapers (local or diocesan). We assume your permission is given to use these photos for publicity and information purposes unless you notify the Religious Education Office by calling 630-543-1754. Please check that you understand this policy:

NEW PARENT ACKNOWLEDGEMENT FOR 2018/2019

(Only for families NEW to the Religious Education Program in 2018/2019)

I acknowledge that I have received and read the **Diocesan Pastoral Policy regarding Sexual Abuse of Minors** and **Standards of Behavior for Those Working with Minors** (given to new parents when registering in the Religious Education Office).

Parent's Signature: _____ **Date:** _____

Interested in volunteering in the Religious Education Program?

Please check any of the volunteer opportunities below that interest you:

- | | |
|--|--|
| <input type="checkbox"/> Catechist on Saturday mornings | <input type="checkbox"/> Decorating for RE Events |
| <input type="checkbox"/> Classroom Aide on Saturday mornings | <input type="checkbox"/> Summer Vacation Bible School |
| <input type="checkbox"/> Catechist on Wednesday evenings | <input type="checkbox"/> I have taken a Protecting God's Children class. |
| <input type="checkbox"/> Classroom Aide on Wednesday evenings | <input type="checkbox"/> I need to take a Protecting God's Children class. |
| <input type="checkbox"/> Office Manager (<input type="checkbox"/> Wednesday or <input type="checkbox"/> Saturday) | Primary contact phone #: _____ |
| <input type="checkbox"/> Door Security (<input type="checkbox"/> Wednesday or <input type="checkbox"/> Saturday) | E-mail Address: _____ @ _____ |
| <input type="checkbox"/> Hospitality & Set-up/Clean-up at RE Events | Comments: _____ |
| <input type="checkbox"/> Kitchen Ministry | _____ |

Please return your completed form (**front and back**) and payment to the Religious Education Office at 1233 W. Holtz Avenue in Addison, IL 60101. Checks should be made payable to St. Philip the Apostle RE Program. If you are registering a **new student**, you must register **IN PERSON** at the RE Office and bring a copy of your child's baptismal certificate for our files.