Date Registration Received: _____

ST. PHILIP THE APOSTLE RELIGIOUS EDUCATION PROGRAM
FAMILY REGISTRATION FORM FOR 2020/2021 SCHOOL YEAR

STEP 1

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 indicate 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 2020/2021 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.***

STEP 2

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 2020/2021	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 (#) or Credit/ Debit Card (Visa, MC)	Amount	Balance

FEE BREAKDOWN

DATES & CONDITIONS	1 CHILD	2 CHILDREN	3 + CHILDREN
Registered after September 1, 2020; fees paid in full at registration	$250	$340	$385
Registered after September 1, 2020; fees being paid in installments.	$270	$360	$405
Sacramental Fees for Grades 2 & 8	**$30** fee covers extra texts, retreats, meetings, and Sacramental supplies.		

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: _____

STEP 3 ↓ **Then turn page**

Turn page over to fill out back of form ——————>

STEP 4

MEDICAL EMERGENCY FORM UPDATE FOR 2020/2021

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. 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 #:** _____

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

STEP 5

PICTURES/VIDEO PERMISSION: I give permission for my child(ren) to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of program content. 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 initial that you understand this policy: _____

STEP 6

NEW PARENT ACKNOWLEDGEMENT FOR 2020/2021

(Only for families NEW to the Religious Education Program in 2020/2021)

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:

___ Catechist on Saturday mornings
___ Classroom Aide on Saturday mornings
___ Catechist on Wednesday evenings
___ Classroom Aide on Wednesday evenings
___ Office Manager (___ Wednesday or ___ Saturday)
___ Door Security (___ Wednesday or ___ Saturday)
___ Hospitality & Set-up/Clean-up at RE Events
___ Kitchen Ministry
___ Decorating for RE Events
___ Summer Vacation Bible School

___ I have taken a Protecting God's Children class.
___ I need to take a Protecting God's Children class.

Name: _____
Primary contact phone #: _____
E-mail Address: _____ @ _____
Comments: _____

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 fill out a new student information card and provide a copy of your child's baptismal certificate for our files.