



RELIGIOUS EDUCATION PROGRAM REGISTRATION FORM 2022-23

DATE: _____

Parents'/Guardians' First and Last Names: _____

Home Address: _____ City: _____ Zip Code: _____

Please circle the phone # you would prefer us to use.

Home Phone: _____ Cell (Mom): _____ Cell (Dad): _____

Email Address: _____ (Reminders will be sent electronically).

Father's religion _____ Mother's religion _____

Parents' marital status *(Please circle all that apply)*

Mother: Married in Catholic Church; Married outside the Church; Separated; Divorced; Marriage Annulled; Remarried; Single; Widowed

Father: Married in Catholic Church; Married outside the Church; Separated; Divorced; Marriage Annulled; Remarried; Single; Widowed

Parents' sacrament information *(Please circle all that apply)* **Mother:** Baptism Eucharist Confirmation **Father:** Baptism Eucharist Confirmation

Registered in the parish? _____ Parish ID # _____

("Saints in Training" will follow the same monthly theme, only at a more basic level) Copy of Baptismal Certificate is required for each new student *(unless baptized at Holy Trinity)*

****Active parishioner tuition fees:**

\$ _____ Tuition: _____ 1 child \$280
 _____ 2 children \$345
 _____ 3 or more children \$410

\$ _____ Inactive or Out-of-Parish tuition fees:
 per child \$350 x # _____ children

Sacrament activity fees:

\$ _____ Reconciliation/Communion \$60 # _____
 \$ _____ Confirmation \$125 # _____

(Sacraments are a 2-year prep study—
 Fee is payable in the 2nd year of preparation.)

New Family materials (one-time fee for first time registration)

\$ _____ \$30
 (\$ _____) \$25 credit X _____ for each new family referred FCFF.

New Family name(s): _____

\$ _____ TOTAL DUE

Indicate payment plan; electronic payments accepted via website on Compuwerx. * Full * Half now * Monthly * Other:

Attached is \$ _____

I would like to donate to the Religious Ed. Program-

\$ _____ Designate funds to:
 A. someone's tuition B. greatest need C. other: _____

Families will not be denied Religious Education due to financial hardship.

(Please speak with the Director if you need financial assistance.)

Volunteer Opportunities may be available to help off-set tuition.

Children's names (Enrolling in program)	M/F	Birthday	Grade in Fall	School attending	Yrs. in RE (not K)	Dates/Parish Name & Location Sacraments Received				Special Health or Learning Needs
						Baptism	1 st Penance	1 st Eucharist	Confirmation	
✓ If your 1 st grader will attend "SIT" <input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										

Number of adults who will attend each month _____

Number of children for Trinity Tots playgroup (babysitting) _____ Ages _____

Our family would prefer to attend on: Monday _____ Wednesday _____ (tentative calendar on back)
(Please indicate your 1st and 2nd choice. Placement will be made on a first-come, first-serve basis.)

Certificate of completion will be issued at conclusion of program year.

****Active Parishioners attend Mass at Holy Trinity and contribute regularly (envelopes/Egiving) to support the Church.**

Office Use Only:

Fees: Tuition \$ _____ New Family Fee \$ _____ Sacrament Fee \$ _____

Assessed: Batch # _____ Date _____

Payments: Check # _____ Batch # _____ Date _____

(OVER)

COMMITMENT

I (we) understand that as Catholic Christians, our faith journey is to know, love and serve God. And as parent(s)/guardian(s), we recognize our responsibility as primary religious educators and role models for our children. In asking to participate in this program, we promise to do our part to nurture our child(ren)'s faith formation in the following ways:

- Our family agrees to fulfill our Catholic obligation to attend Mass on Sundays (or Saturdays) and Holy Days.
- Our family agrees to receive the Sacrament of Reconciliation on a regular basis.
- We will attend all scheduled Family Centered Formation sessions.
- We will continue the learning experience at home by completing the supplemental materials with our children.
- We will attend all parent meetings and sacrament preparation opportunities, including retreats and workshops.
- We will show our children how to live for Jesus by performing 6 hours a year of family service.
- By our actions, we will demonstrate to the world the Catholic principles of good personal morality and social justice.

* _____
 Signature of parent(s)/guardian(s) required Date

2022-2023 Family Centered Faith Formation Calendar
Parent Only Orientation Mtg. for new families—Monday, Aug. 29—7pm
Monthly Sessions meet in-person 6-8pm; Families attend one session each month;
schedule tentative and subject to change with prior notice

<u>In-person Monday Sessions</u>	<u>In-person Wednesday Sessions</u>
Sept. 19	Sept. 21
Oct. 17	Oct. 19
Nov. 14	Nov. 16
Dec. 12	Dec. 14
Jan. 9	Jan. 11
Feb. 13	Feb. 15
Mar. 13	Mar. 15
Apr. 17	Apr. 19

General Permission Form

I request that my child(ren), _____, be allowed to participate in Family Centered Faith Formation sessions being held at Holy Trinity Parish during the months of September through April.

I hereby release and indemnify my parish, **Holy Trinity**, 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 program.

* _____
Parents'/Guardians' Signatures Date

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren), _____, by the people in charge of the Family Centered Faith Formation Program in the event that I am not in attendance, as their judgment 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 in 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 injection, anesthesia, or surgery if deemed necessary for my child.

* _____
Parents'/Guardians' Signatures Date

Name & birth date of each child in the program:

Allergic to medication/other? NO YES (circle one)

If yes, name the child and please describe: _____

Medication(s) each child is taking on an ongoing basis:

Do any of your children enrolled in the program have special needs? NO YES (circle one)

If yes, please be sure to explain in the space designated on the front of this form.

Insurance Information Please be sure to inform us if this information changes during the school year.

Policy in the name of _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

In case of Emergency, contact: _____

Phone #'s: _____

Videotaping and Still Photographs

Video and still photographs may be taken during the sessions. This authorization form constitutes permission for participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

* _____
Parents'/Guardians' Signatures Date

* PLEASE NOTE: THERE ARE FOUR PLACES FOR PARENTS' SIGNATURES ON THIS SIDE OF FORM.