



The Religious Education Program of Immaculate Heart of Mary Parish

Registration Form 2017-2018

Student Last Name: _____

Home Address: _____
House number street city state zip code

Home phone number: _____ [where the child(ren) reside(s)]

Father's Name: _____ Mother's Name: _____

Cell phone number: _____ Cell phone number: _____

EMAIL ADDRESS: _____ EMAIL ADDRESS: _____

Ethnicity/Language(s): _____ Ethnicity/Language(s): _____

If both are living, are the parents married to each other? (circle) YES or NO

Is at least one parent a registered member of Immaculate Heart of Mary Parish? (circle) YES or NO

Emergency contact (OTHER THAN PARENTS): _____ Relation: _____

Phone numbers: home: _____ cell: _____ work: _____

STUDENT INFORMATION

1.) Child's full name: _____ Gender: M F

Age: _____ Date of birth: _____ Place of birth: _____ Grade in school (*2017-18): _____

Circle the sacraments the child has already received: Baptism First Reconciliation First Communion

The church where the child was baptized: _____ Year of Baptism: _____

The location (city and state) of the baptismal church: _____

How many years of religious education has the child already received? _____

2.) Child's full name: _____ Gender: M F

Age: _____ Date of birth: _____ Place of birth: _____ Grade in school (*2017-18): _____

Circle the sacraments the child has already received: Baptism First Reconciliation First Communion

The church where the child was baptized: _____ Year of Baptism: _____

The location (city and state) of the baptismal church: _____

How many years of religious education has the child already received? _____

3.) Child's full name: _____ Gender: M F

Age: _____ Date of birth: _____ Place of birth: _____ Grade in school (*2017-18): _____

Circle the sacraments the child has already received: Baptism First Reconciliation First Communion

The church where the child was baptized: _____ Year of Baptism: _____

The location (city and state) of the baptismal church: _____

How many years of religious education has the child already received? _____

Special needs, health, allergies, and medication information (indicate to which child the information applies):

The following children have an IEP at their school:
(Special Education)

TUITION AND FEES

Registration fee: \$30 (per family) [\$15 for returning families before June 1] = _____

Tuition: \$130 (for one child) or \$190 (for two or more children) = _____

Sacramental fees: \$25 for First Reconciliation x _____ = _____

\$50 for First Communion x _____ = _____

\$75 for Confirmation x _____ = _____

TOTAL EXPENSES TO COVER YOUR FAMILY = _____

Divided by 9 (months)

Monthly Payment = _____

Divided by 4 (weeks)

Weekly Payment = _____

AUTHORIZATIONS

I/We hereby request that my/our child(ren) be allowed to participate in the Immaculate Heart of Mary Parish Religious Education Program. I understand that this will include participation in all of the required events listed and detailed in the parent handbook and religious education calendar. I agree to pay all required tuition and fees.

I hereby release and indemnify Immaculate Heart of Mary Parish, its staff and its volunteers, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

Authorization for Medical Treatment for the 2017-2018 school year

In the event that the undersigned cannot be reached, and in the judgment of Daniel Maul (the Director of Religious Education), or another appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Media Release

I hereby consent that Immaculate Heart of Mary may use the name, photo, or other likeness of my child(ren) for news releases, media, and other promotional activities. I understand that no compensation will result from the use of such at this time, nor in the future.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date