

St. Joan of Arc Religious Education (RE) 2018-2019

FORM IS DUE by August 13, 2018 -- PLEASE PRINT

Family Last Name: _____ # of children for 2018-2019 RE: _____

Address: _____ City/State: _____ Zip: _____

Phone for Sunday Mornings: _____ Primary E-Mail: _____

Other Phone: _____ Day ___ Evening ___ Second E-Mail (optional): _____

Are you registered in the Parish? No ___ Yes ___ Envelope #: _____ (if known)

Father (or legal guardian) Name: _____ Religion: _____

Mother (or legal guardian) Name: _____ Religion: _____

Mother's Maiden Name (required for sacramental registry): _____

Child's Name	Grade for RE	Lives with...
		__Both Parents __Mother __Father Other:
		__Both Parents __Mother __Father Other:
		__Both Parents __Mother __Father Other:
		__Both Parents __Mother __Father Other:

MEDICAL RELEASE and Emergency Contact (if parents can't be reached)

In the event that I, as the undersigned parent/guardian of this child cannot be contacted, and in the judgment of the Director of Religious Education (or Pastor or other supervising staff of volunteer) my child requires immediate medical intervention, I hereby request and authorize the DRE or other supervising personnel to obtain for my child such medical services as are deemed necessary. I agree to assume financial responsibility for any diagnosis/treatment and for any medication deemed necessary.

Dates for which this release is intended: September 1, 2018 – May 31, 2019

Emergency Contact Name: _____ (MUST be different from parent information above)

Best phone # on Sunday mornings: _____ Relationship to child(ren) or family: _____

I/we authorize this person to pick up the child (ren) listed above. (Proper identification required)

Signature of Parent/Guardian: _____ Date: _____

Photo/Video/Classroom Work Permission

I understand that on occasion, the Parish or St. Joan of Arc Religious Education Program may use photos, videos and/or classroom art or written work of students in parish publications to share information about the parish. Publications include, but are not limited to: the website, parish bulletins, annual reports, newsletters, posters, advertisements and other public relations material. In addition, local news organizations may hear of our activities or events, and our parish may invite or allow them to photograph or record our events.

_____ YES, my child(ren)'s photo, video, and/or classroom work MAY be published in any format including group or individual photos. Names of students will NOT be released.

Signature of Parent/Guardian: _____ Date: _____

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Safe Environment Training

In cooperation with the USCCB and the Archdiocese of Chicago Office for Protection of Children & Youth (OPCY), we will be providing age-appropriate Safe Environment Training to all of the students in our Religious Education program. This training will be offered during the course of the school year at one of the Sunday sessions, and further information will be sent to you when the date for training has been determined. If you have any questions regarding the training please contact the Director of Religious Education.

Baptismal Certificates

If your child was not baptized at St. Joan of Arc, please provide a copy of their baptismal certificate. For students entering 1st, 2nd, or 8th grade this year, a copy must be provided with this registration form.

Tuition & Fees

	Parishioner	Non-Parishioner
One Child	\$260	\$350
Two Children	\$415	\$560
Three Children	\$560	\$755
Four Children	\$680	\$915
2 nd Grade Sacraments Fee (Reconciliation & 1 st Communion)	\$40	\$40
8 th Grade Sacraments Fee (Confirmation)	\$60	\$60
8 th Grade Retreat Fee (Holy Fire event at UIC)	\$45	\$45

Payment Options

- Submit full or half payment with the registration form
- Pay 1st half by 10/1/2018, and 2nd half by 3/1/2019
- Make online payments through Give Central, to be paid in full by 3/1/2019
<https://www.givecentral.org/location/179/event/9090>

Important Dates

Sunday, September 9	First day of Religious Ed; Parent Meeting while class is in session
Wednesday, October 3 7pm	Confirmation Parent Meeting (parents and students)
Friday, October 26 8am-4pm	Holy Fire Event at UIC; Confirmation Retreat for SJA (Sat 10/27 is Alt.)
Sunday, November 18 10:30am	Rite of Commitment for Confirmation (7 th and 8 th grade students)
Tuesday, February 6 7pm	First Sacraments Parent Meeting (2 nd grade parents)
Saturday, February 23 10am	First Reconciliation
Monday, April 29 7pm	Confirmation Rehearsal (8 th grade)
Tuesday, April 30 7pm	Confirmation at SJA (8 th grade)
Tuesday, May 7 7pm	First Communion practice (student and one parent)
Saturday, May 11 10am	First Holy Communion Mass

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Family Name: _____ Interested in being a co-catechist or room aide: _____

Child #1 - Registration Information

First Name: _____ Middle: _____ Last: _____

Gender: _____ Age: _____ Birth Date: _____ School: _____ Grade in Fall 2018: _____

Any special circumstances, special education requirements or medical conditions (including allergies):

Religious Education & Sacraments

RE grades already completed: Kdg ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___

New student? Yes ___ No ___ If yes, Parish where Student previously attended: _____

	Date Received	Parish	City/State
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Child #2 - Registration Information

First Name: _____ Middle: _____ Last: _____

Gender: _____ Age: _____ Birth Date: _____ School: _____ Grade in Fall 2018: _____

Any special circumstances, special education requirements or medical conditions (including allergies):

Religious Education & Sacraments

RE grades already completed: Kdg ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___

New student? Yes ___ No ___ If yes, Parish where Student previously attended: _____

	Date Received	Parish	City/State
Baptism			
Reconciliation			
Eucharist			
Confirmation			

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Family Name: _____

Child #3 - Registration Information

First Name: _____ Middle: _____ Last: _____

Gender: _____ Age: _____ Birth Date: _____ School: _____ Grade in Fall 2018: _____

Any special circumstances, special education requirements or medical conditions (including allergies):

Religious Education & Sacraments

RE grades already completed: Kdg ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___

New student? Yes ___ No ___ If yes, Parish where Student previously attended: _____

	Date Received	Parish	City/State
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Child #4 - Registration Information

First Name: _____ Middle: _____ Last: _____

Gender: _____ Age: _____ Birth Date: _____ School: _____ Grade in Fall 2018: _____

Any special circumstances, special education requirements or medical conditions (including allergies):

Religious Education & Sacraments

RE grades already completed: Kdg ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___

New student? Yes ___ No ___ If yes, Parish where Student previously attended: _____

	Date Received	Parish	City/State
Baptism			
Reconciliation			
Eucharist			
Confirmation			