

Dear Religious Education Parents,

Religious Education registration information for the 2024-2025 school year is provided in this email and is also posted on the Religious Education website. You have the option to choose one of the following Religious Education class sessions held in the ICGS building:

Wednesdays, 5:10 – 6:15pm OR Sundays, 10:10 – 11:15am

Tuition payment in full or at least half of the tuition payment is due at time of registration. Registration is DUE by September 1, 2024. Register before July 15, 2024 to receive the lowest tuition rate.

Placement in a Religious Education class cannot take place until registration materials are submitted to the Religious Education office. This includes **All** of the following:

- **Copy of Baptismal Certificate is Required for all new students**
- **Registration form**
- **Tuition/Fees worksheet with payment in full or at least half of the tuition payment due at time of registration**
- **Volunteer Form: There is an urgent need for Catechists, Catechist Aides and Hall Monitors - Please volunteer.**
- **Medical Emergency Form**

**** Class placements will be emailed the week before Religious Education classes begin in September to those families with complete registration.****

As you know, our Catechists and Catechist Aides are vital components of our Religious Education program. **Two adults are necessary in each classroom.** Please prayerfully consider volunteering for this ministry.

Please check the Religious Education page of the IC Parish website www.icelmhurst.org for ongoing updates to our IC Religious Education program. Thank you for your commitment to the faith formation of your child(ren).

God's Blessings each and every day. We look forward to seeing you in the fall!

Sister Mary Francis
DRE – K-5
smaryfrancis@icelmhurst.org
630-530-3480

Mrs. Josephine Bastianoni
DRE – Jr. High
jbastianoni@icelmhurst.org
630-530-5262

IMMACULATE CONCEPTION PARISH RELIGIOUS EDUCATION REGISTRATION FORM 2024-2025

OFFICE USE ONLY DATE RECEIVED: _____

PLEASE PRINT CLEARLY. THE MAJORITY OF OUR COMMUNICATIONS ARE VIA EMAIL.

PRIMARY EMAIL ADDRESS: _____

FAMILY NAME: _____

CLASSTIME PHONE: () _____

ADDRESS: _____ CITY/STATE: _____

MOTHER'S INFO: NAME: _____ E-MAIL: _____ CELL PHONE: () _____
(if different than primary email)

MAIDEN NAME: _____ RELIGION: _____ STATUS: single married separated divorced widowed

FATHER'S INFO NAME: _____ E-MAIL: _____ CELL PHONE: () _____
(if different than primary email)

RELIGION: _____ STATUS: single married separated divorced widowed

BAPTISMAL RECORDS ARE REQUIRED FOR EACH CHILD

Starting With The <u>YOUNGEST CHILD</u> Enter Information for each child	Sex	Date of Birth	Baptism	Church of Baptism and Address	Eucharist	Reconciliation	Confirmation	Circle Desired Session	<i>OFFICE USE ONLY</i> <i>Baptismal Cert. On File</i>
Name: _____	M	/ /	Y	Church _____	Y	Y	Y	Sunday: 10:10-11:15 am Wednesday: 5:10-6:15 pm	Y N
Public School Attending _____	F		N	Date _____	N	N	N		<u>Class Room Assignment</u>
Name: _____	M	/ /	Y	Church _____	Y	Y	Y	Sunday: 10:10-11:15 am Wednesday: 5:10-6:15 pm	Y N
Public School Attending _____	F		N	Date _____	N	N	N		<u>Class Room Assignment</u>
Name: _____	M	/ /	Y	Church _____	Y	Y	Y	Sunday: 10:10-11:15 am Wednesday: 5:10-6:15 pm	Y N
Public School Attending _____	F		N	Date _____	N	N	N		<u>Class Room Assignment</u>
Name: _____	M	/ /	Y	Church _____	Y	Y	Y	Sunday: 10:10-11:15 am Wednesday: 5:10-6:15 pm	Y N
Public School Attending _____	F		N	Date _____	N	N	N		<u>Class Room Assignment</u>
Grade in Fall 2024 _____				City/State _____					

Please list children **TRANSFERRING** from another R.E. Program or Catholic School. Please include name and location of the parish.

**IMMACULATE CONCEPTION
RELIGIOUS EDUCATION
TUITION AND FEES
2024-2025**

PAYMENT OF TUITION & FEES DUE AT REGISTRATION

Registration Fee

\$25 non-refundable fee per family

Early Bird Tuition received on/before July 15, 2024

1 student	\$375
2 students	\$475
3 students	\$575

Tuition Payment received after July 15, 2024

1 student	\$400
2 students	\$500
3 students	\$600

First Eucharist fee for 2nd Graders

\$125 per student

Confirmation Fee for 8th Graders

\$150 per student*

*Includes Confirmation robe

Non-Parishioner Fee

\$150

Class Change Fee after the first week of class

\$50

Registration Fee	\$25.00
Tuition	
Sacrament Fees	
Free Will Donation*	
Non-Parishioner Fee	
TOTAL DUE	

****Fund for families needing help with tuition.***

PAYMENT IN FULL DUE UPON REGISTRATION. Please indicate "Religious Education" on all checks and envelopes. Credit Card payment is accepted via www.icelmhurst.org – Click on "Donate Today" button and follow directions there for a "one time donation." Please contact the IC Finance Office for questions on credit card payment @ 630-530-8515.



Participant Name	FIRST	LAST	
Address	City		Zip
Parent Name	Parent / Guardian 1	Name-Parent/Guardian 2	
Parent Cell	Cell-Parent/Guardian 2		
Parent Email	Parent / Guardian 1	Teen Cell - (HS Only)	
Parish Name	City		Zip
School Attending	City		
Date of Birth	Age	Grade	M/F

GENERAL PERMISSIONS

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos and or/photos may be taken during this event. This authorization form constitutes permission to use my image in video and/or photos which may be used for future promotional efforts including the parish and/or Diocese of Joliet website. If you wish to opt out of this permission initial here: Parent/Guard Initial _____

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.

Parent/Guardian initial _____ Participant initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: _____ by the people in charge of the event and those transporting my child to and from the event as their judgement 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 of 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 injections, anesthesia or surgery if deemed necessary for my child.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES NO
If YES, please describe: _____

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ I.D.# _____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ Relation _____

Name: _____

Phone: _____ Relation _____

Participant Signature		Date
Parent/Guardian Signature		Date

**Special Request for R.E. Class Placement
2024-2025**

Parent Making Request: _____
Email: _____

Child Requiring Special Placement: _____
Grade _____

Requesting: Catechist (Print name of catechist.)

OR Peer (Print name and grade of peer)

Reason(s) why child requires special RE class placement

Please read the following and provide signature.

Our Religious Education staff places students in specific classrooms so that there is a balance of boys and girls and a comparable number of students in each grade level classroom. This type of placement avoids possible behavior issues and creates an environment that is conducive to learning and aids in classroom management. The directors feel that as a Church we are all part of the Body of Christ and therefore, the children should be open to meeting peers from different schools and neighborhoods.

This type of experience broadens their understanding of their faith community. Within each classroom the focus is learning. Students benefit from learning about their faith from a variety of catechists.

All of the catechists bring their own unique talents and gifts into the classroom.

After reading the above statement, I still wish to have my request honored for the benefit of my child's faith formation.

Parent Signature: _____

Immaculate Conception Parish † Religious Education † Volunteer Signup Form

We need a great number of volunteers to make our RE program successful and enjoyable. When you give your time and talent to our children, you will learn and grow as well. We promise!

Name: _____ Phone: _____

Email: _____

All NEW volunteers must attend a United States Bishops-mandated “Protecting God’s Children” workshop and a background check is also required. IC offers the PGC class on an ongoing basis.

_____ *I have already attended the PGC (Virtus) session and will provide the I.C.R.E. office with a copy of my certificate of participation. The certificate will then be kept on file with Christian Service.*

_____ *I have NOT participated in the PGC (Virtus) session but I am willing to attend the training.*

_____ **Catechist:** All lesson plans and materials are provided for you. One year commitment to lead approximately 20 classes, mid-September – mid/late April.

Preferred Grades: _____

Class Time (circle one) Wed. 5:10pm – 6:15 pm Sun. 10:10am – 11:15am

_____ **Catechist Aide:** One year commitment to assist a catechist during class time, mid-September – mid/late April. If needed, you may be asked to occasionally substitute for the catechist with proper notification.

Preferred Grades: _____

Class Time (circle one) Wed. 5:10pm – 6:15 pm Sun. 10:10am – 11:15am

_____ **Substitute Catechist:** This does not require a regular commitment. You will be called as needed and will be supplied a lesson plan for that week.

Preferred Grades: _____

Class Time (circle one) Wed. 5:10pm – 6:15 pm Sun. 10:10am – 11:15am

_____ **Hall Monitor:** You may volunteer for the entire year, semester or on a monthly basis.

Class Time (circle one) Wed. 5:10pm – 6:15 pm Sun. 10:10am – 11:15am

_____ I decline to volunteer for the current school year.

Please know, it is because of our parents, the first teachers of the children, that make our IC Religious Program the success that it is.