



## **ST. DAMIAN RELIGIOUS EDUCATION**

### **STUDENT REGISTRATION FOR 2021-2022**

Registration forms are available online at [www.stdamianchurch.org](http://www.stdamianchurch.org) website under the Religious Ed For Children.

**New families must register with the parish, please do so at:**

<https://www.stdamianchurch.org/new-parishioner-registration>

**RE classes are held on Monday evenings. Doors open at 6:30 p.m.  
Classes begin promptly at 6:45 p.m.**

Class placement is based on first-serve basis according to the date of a completed registration form and full payment received at the RE office.

### **COMPLETED REGISTRATION includes**

- STUDENT REGISTRATION FORM (ONE PER FAMILY)
- MEDICAL RELEASE AND EMERGENCY INFORMATION FORM
- SACRAMENTAL PERMISSIONS
- STUDENT CONDUCT AND PARENT FORM - 1 PER STUDENT SIGNED BY BOTH STUDENT & PARENT
- PICK UP AUTHORIZATION FORM
- PARENT AUTHORIZATION FORM
- COPY OF BIRTH AND BAPTISMAL CERTIFICATES (IF NEW TO PROGRAM)

### **REGISTRATION AND FULL PAYMENT BY AUGUST 13, 2021**

**There will be an additional late fee of \$25.00 dollars if you register after Friday, August 13, 2021.**

**TUITION FEES** (Book and supplies are included in the Tuition Fee)

One child: \$275.00      Two children \$390.00

Three or more children: \$490.00 (4<sup>th</sup> child will be charged an additional \$45.00 book/supply fee)

Fee for lost Bible or Textbook: \$35.00

## **SACRAMENTAL FEES**

Communion Sacramental fee: \$50.00 (per child for Level 2)

Confirmation Sacramental fee: \$75.00 (per child for Level 8)

## **ADDITIONAL PROGRAM FEES** (Books are included in the Program Fee)

Our Catholic Heritage Program: \$250.00 per child – Child must attend Monday RE sessions along with successfully completing this supplemental program.

RCIC: \$250 per child -Child must attend Monday RE sessions along with RCIC sessions together with their parent.

## **New Student to RE Program**

Any student enrolling in St. Damian RE as a new student to the program must provide transcripts showing successful completion of prior year(s) religious education before any placement will be made.

No student will be placed into Levels 2 or 8 without transcripts of prior levels completed.

Parents/Guardians of students in grades K-8 who have not received one of the following Catholic Sacraments: Baptism, Reconciliation, Holy Eucharist will need to call the Religious Education Office at 708-687-7778.

## **REGISTRATION IS DUE BY FRIDAY AUGUST 13, 2021 AT 5PM**

The paper registration form to be completed and dropped off to the 24 hours drop box located next to the east entrance of the St. Damian Pastoral Center. Be sure to attach payment or proof of payment. For everyone's safety, the RE Office is remaining as contactless as possible.

**We can accept checks or money order with completed RE registrations via the 24-hour drop box located next to the east entrance of the Pastoral Center, 5250 W. 155<sup>th</sup> Street. Or, for your convenience, we can accept Visa, Mastercard, American Express and Discover card payments via the electronic payment processor Faith Direct.**

**Electronic payment process: Please visit [www.faithdirect.net](http://www.faithdirect.net), select Give Now, enter church code IL949, make a one-time gift, select "Tuition & Sac. Fee 2021-2022= Rel. Ed." to pay 2021-2022 St. Damian RE Tuition online. For students making a Sacrament this year please include in with your tuition and make one payment for both tuition and Sacrament.**

**Attach proof of payment to your registration form!**

**Saint Damian Office of Religious Education**

5300 W. 155<sup>th</sup> Street Oak Forest, IL 60452 (708) 687-7778 [re@stdamianchurch.org](mailto:re@stdamianchurch.org)

**STUDENT REGISTRATION FOR 2021-2022**

Registration Date: \_\_\_\_\_

CHURCH# \_\_\_\_\_

**FAMILY INFORMATION:** (Child's Primary Residence)

Family Last Name: \_\_\_\_\_

Has address changed from last year? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone:(    ) \_\_\_\_\_ Alternate Phone(    ) \_\_\_\_\_

Primary Email: \_\_\_\_\_

E-learning Email \_\_\_\_\_

**MOTHER (Or female guardian):**

Volunteer \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Marital status \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell:(    ) \_\_\_\_\_ Address (if different) \_\_\_\_\_

Work Phone:(    ) \_\_\_\_\_

**FATHER (or male guardian):**

Volunteer \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Marital status \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell:(    ) \_\_\_\_\_ Address (if different) \_\_\_\_\_

Work Phone:(    ) \_\_\_\_\_

Student Information	Student 1	Student 2	Student 3
Name: First/Last <i>(only if different from family name)</i>			
Date of Birth/Gender			
School Grade (2021-2022) <b>or RE Grade (if different)</b>			
Allergies			
Custody/lives with			
Previous RE complete <i>(other than St. Damian)</i>			
Sacraments: Please check ( X ) those your child has <b>already</b> <b>received.</b>	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation

# Medical Release and Emergency Authorization

Fill out 1 form per Child

Student(s): \_\_\_\_\_

Family Name (if different) \_\_\_\_\_

Parent or Guardian Authorization:

I/We hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said child/children under the general or special instructions of our family's physician (listed below), or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of the doctor or at a licensed hospital.

It is understood that reasonable effort will be made to contact the doctor listed below before any other physician is called by the school or organization. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize St. Damian Church or the physician to exercise their best judgement as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named below or to the school or organization entrusted with the custody of said minor.

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. In any event, I/we agree to hold St. Damian Catholic Church harmless for any actions performed by their staff in assisting my/our child(ren), arising from a medical emergency.

Family Doctor: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

## Insurance Information

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_

ID Number \_\_\_\_\_

## Emergency Contact Numbers

Father's \_\_\_\_\_ Mother's \_\_\_\_\_

## If Parents cannot be reached who should we call

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Please list any allergies/medical problems, behavioral and learning issues, including those requiring medications. (e.g. Diabetic, Asthma, ADD, ADHD, Autism, Dyslexia, Seizure Disorder, Allergies, etc.) Please be specific. Please include a copy of your child's current IEP/504. Please furnish custody paperwork if applicable.**

Authorized Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Student	Medical diagnosis/behavior	Medications taken

## Religious Education Sacramental Permissions

**Note: Parental signature is required for enrollment in Religious Education and to receive a Sacrament.**

**By registering my child for Religious Education and Sacrament classes:**

- *I understand the importance of participating in my child's Catholic faith; that means **teaching him/her how to pray, how to worship, and how to serve others.***
- *I understand that it is my responsibility to help my child attend Mass weekly.*
- *I understand that my child must attend class regularly and be on time for class.*
- *I understand that more than 3 absences or in a year may result in their not making the Sacrament of First Communion or Confirmation.*
- *I will attend Sacramental parent meetings.*

**Authorized Parent/Guardian Signature:** \_\_\_\_\_

**Please Complete if Preparing for First Communion or Confirmation**

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
City of Birth State Date of Birth Age

\_\_\_\_\_  
Church of Baptism City State Exact Date of Baptism

\_\_\_\_\_  
Current address City State Zip

Fathers FULL name \_\_\_\_\_

Mother's FULL name (include MAIDEN) \_\_\_\_\_ (\_\_\_\_\_)

**COPIES OF BIRTH AND BAPTISM CERTIFICATES ARE REQUIRED FOR SACRAMENTAL RECORDS PURPOSES.**

*OFFICE USE:* \_\_\_\_\_ *Birth Cert. on file* \_\_\_\_\_ *Baptismal Cert. on file*

## Student Conduct

Students are expected to dedicated time for their Religious Education classes, activities, prayer and projects.

### We ask all students to:

- Attend Mass on a regular basis with my family.
- Be punctual and prepared for class.
- Follow arrival and dismissal procedures given by the catechist.
- Show respect for themselves, catechists, other students, and program personnel.
- Avoid bringing illegal substances to class or anything that could be considered a weapon or cause someone harm.
- Avoid having gadgets (i.e. cell phones, headphones, ear pods, fidgets, toys, etc.), food, drink, or gum while RE is in session.
- Be courteous and considerate of others. Treat fellow students with respect.
- Use language and actions expressive of Christian behavior.
- Practice safety rules always in class and on the property of St. Damian.
- No screenshots or recording of others or sharing of such information is allowed at any time.
- Be present on time for all RE sessions.
- Be cooperative and participate in all sessions and activities to the best of their ability.
- Complete homework as assigned.

In case of unsatisfactory conduct, the catechist will speak with the student. If misconduct continues, the matter will be submitted to the CRE who shall contact the student's parents or guardian. If the misconduct is serious, it may be the basis for removal from the program.

I have read and thought about the above statements of conduct. I will abide by these rules and cooperate with them for my own benefit and the welfare of others.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR PICK UP**

Dear Parent/Guardian:

Please fill out the form below relating to those persons who have your permission to pick up your child(ren) from Religious Education. Please give additional information necessary in the appropriate space.

If, due to unforeseen circumstances or an emergency, it is necessary or someone else to pick up your child, a note from the parent or a telephone call is necessary. Please be aware that the person may be asked to identify himself or herself before we release your child(ren).

If there are any custody issues, we must have legal documents regarding who can pick up your child(ren).

Sincerely,

St. Damian Religious Education

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The following people are authorized to pick up my child. I authorize the release of my child to their care.

Family Name (*if different than student*) \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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Parent/Guardian Signature

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Phone

## Parent Authorizations

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Please check the following questions and sign the bottom of the form.**

During the year your child may participate in activities that may will require photos or videos to be taken. This is your permission that your child's image can appear as part of our RE program.

\_\_\_\_\_Yes    \_\_\_\_\_No

During the year your child may receive information on the Lure Child Protection Program. The program is to educate your child on safety prevention in the areas of sexual exploitation, abduction, internet crime, drugs, and school violence.

I give my child permission to participate. \_\_\_\_\_Yes    \_\_\_\_\_No

I have read the Religious Education Handbook and agree to follow all policies that are required to be a part of St. Damian's RE program.

\_\_\_\_\_Yes    \_\_\_\_\_No

**Please return completed form to the R.E. Department.**

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_