



St. Damian Office of Religious Education
5300 W. 155th Street Oak Forest, IL 60452 Phone: (708)687-7778 fax: (708-687-1735)
re@stdamianchurch.org

ST. DAMIAN RELIGIOUS EDUCATION - REGISTRATION FOR 2023-2024

Registration forms are available online at
www.stdamianchurch.org website under the Religious Ed for Children.

NEW FAMILIES TO THE PROGRAM must register with the parish.
You will need to provide us with your parish registration number on your forms.

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

RE classes are 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.

COMPLETE REGISTRATION CHECKLIST

Use this checklist to complete your registration. Incomplete registrations will affect your child's entrance into our program.

- _____ 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 11, 2023

There will be an additional late fee of \$25.00 dollars if you register after Friday, August 11, 2023.

A fee of \$25.00 for any NSF checks.

TUITION and FEES (Religion Level book are included in the Tuition Fee)

	Tuition	Fees
1 Child	\$275	
2 Children	\$390	
3 Children or more	\$490	
Bible Fee – 5th Level		\$25
Sacramental Fees		
Communion 2nd Level		\$50
Confirmation 8th Level		\$75

5th Level receives a Bible. There is an additional fee for the Bibles.

Fee for lost Bible or Textbook: \$35.00

SACRAMENTAL REQUIREMENTS & FEES – **Add this to your tuition total.**

St. Damian's **Communion preparation is a 2-year program** this begins in the first level.

St. Damian's **Confirmation preparation is a 2-year program that begins in 7th level.** There are requirements in both 7th & 8th level to help prepare the children for the Sacrament of Confirmation.

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

- Retreat, Banners, Mass books, Mass booklets, Sacramental certificate, etc.

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

- Retreat, Sacramental certificate and materials.

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

RCIC: \$250 per child

The child must attend Monday RE sessions along with RCIC sessions together with their parent.

This program is for children who have not received Baptism, First Reconciliation or First Eucharist and are in RE levels 3rd – 8th.

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.

REGISTRATION IS DUE BY FRIDAY AUGUST 11, 2023 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.

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. 155th 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.

Select Give Now, enter church code IL949, make a one-time gift.

Select **"2023-2024 Religious Ed. Tuition/Sacramental/Bible Fee"** to pay 2022-2023 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.
- 5th Level students include your bible fee with your tuition fee.

- **For students making a Sacrament this year please include in with your tuition and make one payment for both tuition and Sacrament.**
- **5th Level students include your bible fee with your fee.**

Attach proof of payment to your registration form!

STUDENT REGISTRATION FOR 2023-2024

Registration Date: _____

CHURCH# _____

FAMILY INFORMATION: (Child's Primary Residence)

Primary Email: _____

Family Last Name: _____

Child's First and Last Name: _____

Child's First and Last Name: _____

Child's First and Last Name: _____

Child's First and Last Name: _____

Child's Primary Address: _____

City: _____ State _____ Zip _____

MOTHER (Or female guardian): Guardian's must resent Legal Guardian Papers.

Volunteer _____

First Name _____ Last Name _____

Maiden Name _____

Marital status _____ Occupation: _____

Cell:() _____ Work Phone:() _____

Address- if different _____

FATHER (or male guardian):

Volunteer _____

First Name _____ Last Name _____

Marital status _____ Occupation: _____

Cell:() _____ Work Phone:() _____

Address- if different _____

All information must be filled out on this page.

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Student Information	Student 1	Student 2	Student 3
Name: First/Last <i>(Only if different from family name)</i>			
Date of Birth/Gender			
Grade they will be in for the 2023-2024			
Allergies: Be specific			
Custody/lives with			
Name of Day School			
Sacraments: Please check (X) those your child has already received .	<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.**

Child's Legal First and Last Name _____

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. **(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 _____

Medical diagnosis/behavior: _____

Medications: _____, _____, _____

All information must be filled out on this page.

Religious Education Sacramental Permissions

2nd & 8th Grade Students

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, events etc.*

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

Authorized Parent/Guardian Signature: _____

All information must be filled out on this page.

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.
- No illegal substances to class or anything that could be considered a weapon or cause someone harm.
- Avoid having gadgets (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: _____

All information must be filled out on this page

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.

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 _____

Parent/Guardian Signature: _____

Phone: _____

All information must be filled out on this page

PARENT AUTHORIZATION

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 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: _____