



St. John the Apostle

Religious Education Registration Form 2021/2022

Contact Us: www.stjohnvillapark.org • 630 832-7588

PLEASE MAKE SURE ALL FORMS ARE COMPLETELY FILLED OUT.

Incomplete forms will not be accepted.

PARENT INFORMATION

Address: _____

City/State: _____ Zip Code: _____

Mother's Name: _____ Maiden Name: _____

Cell phone: _____ Email: _____

Father's Name: _____

Cell phone: _____ Email: _____

Email and texting are our primary means of communication.

Please list phone and email that you use and check the most.

Primary Email: _____

Phone number for texting: _____

Medical Permission

In case of medical emergency, I grant permission to St. John the Apostle staff and volunteers to administer First Aid and secure proper treatment for my child(ren) until I can be reached.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact (if parents cannot be reached):

Name: _____ Phone: _____ Relation: _____

| Child's Name | Medical problem, allergies or learning disability |
|--------------|---|
| | |
| | |
| | |
| | |
| | |

Doctors Name: _____

Phone Number: _____

GENERAL PERMISSION

Pictures/videos permission of the Religious Education participants, volunteers, and staff may be taken during the year for publicity of information purposes to advertise events in the parish. The pictures/videos may be posted on Parish/Diocesan web pages, bulletin boards, social media sites, or publication. We assume your permission is given to us for use of these photos/videos unless you notify the Religious Education office.

Parent/Guardian Signature: _____ **Date:** _____

ACKNOWLEDGEMENT

Acknowledgement by signing this form, I agree I have received/read a copy of "Standards of Behavior for those Working with Minors" and "Pastoral Policy Regarding Sexual Abuse of Minors".

Parent/Guardian Signature: _____ **Date:** _____

Child(ren) Information PLEASE MAKE SURE ALL SECTIONS ARE FILLED OUT COMPLETELY.

1. Child's Name: _____ Age: _____

Birth date: _____ Birth place: _____

School Attending: _____ Grade: _____ Gender: M _____ F _____

Allergies: _____ Special Needs or requests: _____

New Student: _____ If yes, Parish where student attended _____

Please list year and parish this child received the following Sacraments or check "Need"
Provide a copy of certificates for each Sacrament the child received.

| <u>Sacrament</u> | <u>Year</u> | <u>Parish</u> | <u>Need</u> |
|------------------|-------------|---------------|-------------|
| Baptism | _____ | _____ | _____ |
| Reconciliation | _____ | _____ | _____ |
| Eucharist | _____ | _____ | _____ |

2. Child's Name: _____ Age: _____

Birth date: _____ Birth place: _____

School Attending: _____ Grade: _____ Gender: M _____ F _____

Allergies: _____ Special Needs or requests: _____

New Student: _____ If yes, Parish where student attended _____

Please list year and parish this child received the following Sacraments or check need
Provide a copy of certificates for each Sacrament the child received.

| <u>Sacrament</u> | <u>Year</u> | <u>Parish</u> | <u>Need</u> |
|------------------|-------------|---------------|-------------|
| Baptism | _____ | _____ | _____ |
| Reconciliation | _____ | _____ | _____ |
| Eucharist | _____ | _____ | _____ |

3. Child's Name: _____ Age: _____

Birth date: _____ Birth place: _____

School Attending: _____ Grade: _____ Gender: M _____ F _____

Allergies: _____ Special Needs or requests: _____

New Student: _____ If yes, Parish where student attended _____

Please list year and parish this child received the following Sacraments or check need
Provide a copy of certificates for each Sacrament the child received.

| <u>Sacrament</u> | <u>Year</u> | <u>Parish</u> | <u>Need</u> |
|------------------|-------------|---------------|-------------|
| Baptism | _____ | _____ | _____ |
| Reconciliation | _____ | _____ | _____ |
| Eucharist | _____ | _____ | _____ |

FEES

Tuition fees:

Payment Plan

| | | |
|---------------------|---------------|--------------------------------|
| 1 child: | \$150.00 full | \$30.00 per month for 5 months |
| 2 children: | \$200.00 full | \$40.00 per month for 5 months |
| 3 or more children: | \$250.00 full | \$50.00 per month for 5 months |

A payment is expected at time of registration -- either in full or 1st payment of the payment plan. We accept cash (please have exact change), checks (made payable to St. John the Apostle), or online debit and credit card payments through WeShare on the St. John the Apostle website.

Please note: A new program is being introduced this year -- If your student received First Communion at St. John the Apostle and is registering for Grades 3-6, your tuition amount for that child is \$0. A book fee of \$30 must be paid at registration.

Sacramental Fees Due by November 15, 2021

| | |
|--------------|--------------------|
| Eucharist | \$ 65.00 per child |
| Confirmation | \$ 75.00 per child |

***Please note: no child will be turned away from religious education due to financial hardship. Please call the office to discuss options.**

LIST OF DOCUMENTS FOR REGISTRATION

Are **ALL** forms completely filled out and legible?

Do I have **ALL** the certificates I need?

If you are coming from another parish, do I have a letter from the old parish showing that my children attended the religious education program?

Do I have the necessary fees for registration?

If you answered YES to ALL then please call 630 832-7588 (leave a message with your name and phone number) to schedule an appointment.

Registration will begin June 14, 2021 for the 2021/2022 school year.