

St. Philip the Apostle 2017-2018 Religious Education Program Registration Form

Please print

Family Last Name _____ Mother's name _____ Father's name _____

Home Phone _____ Cell phone (Mother) _____ Cell phone (Father) _____

Address (including city and zip code) _____

E-mail Address _____

If address/contact information is new, please mark the boxes.

Check this box if you do **NOT** want to be listed in the PREP Family Directory.

First Eucharist - Confirmation
The St. Philip **PREP**
Sacramental Preparation
Program in levels 1-8 is a
minimum two-year process.

Student Name	School Attending	Grade 2017-18	PREP Level	Sacrament to be received (please check)
_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>
_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>
_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>
_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	_____ / _____ / _____ / _____ /	Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>

IMPORTANT: A copy of a baptismal certificate MUST accompany any new registration or if your child is to receive a sacrament. Do we have a copy on file?
YES NO

PREP Tuition (Includes office fee and all supplies)

1 child \$315 / 2 children \$ 440 / 3 children + \$ 515 / CARE only \$175 per child
Parishioner rates are for those who are registered and actively participating in this parish.
Non-parishioner and non-participating parishioner tuition rates are double.

Sacramental Fees (per child)

First Eucharist \$50 (Level 2 only) Confirmation \$120 (Level 8 only)

Total Tuition _____

Total Sacramental Fees _____

Total tuition/fees _____

For Office Use Only:
Date Received: _____
Paid: _____
Check Number: _____
Give Central: _____

If you wish to pay by **credit card** or **pay directly** from your **checking account**, set-up an account on the online giving system at www.GiveCentral.org Questions? Please contact Director Parish Operations, Andrea Steinart at (847) 446-8383, ext. 110

IMPORTANT: If there is a financial need, please contact our Parish Administrator, Rev. Michael Solazzo. Otherwise, full payment of religious education fees is expected. All tuition and fees are due at time of registration. Students **will not** be admitted into classrooms unless the registration form is completed and returned.

St. Philip the Apostle Parish Religious Education Program Parental Permission

Family Last Name: _____

Child(ren)'s First Name: _____, _____, _____, _____

Authorization for Medical Treatment (September 2017-August 2018)

In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the Director of Religious Education or other appropriate staff member there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child named above such medical services as are deemed necessary.

Name of Physician: _____

Physician Phone: _____

Medical Insurance Company: _____

Insurance Number: _____

Parent Signature _____

Date: _____

Home phone: _____

Parent Cell phone: _____

My child has a special medical condition or health concern of which the DRE and teachers should be aware (please be specific for each child):

Describe: _____

Are there any challenges to learning that your child's catechist(s) should be aware of (i.e. trouble reading, hearing, etc.)

Describe: _____

St. Philip the Apostle Parish Picture Permission Form (2017 – 2018)

To GRANT permission for use of your child's pictures: I, _____ (print parent name), **GRANT** permission for St. Philip the Apostle Parish to publish pictures of my child in parish publications or in any other local press releases.

Signature of parent or guardian _____ Date _____

To REFUSE permission for use of your child's pictures: I, _____ (print your name), **REFUSE** to grant permission for St. Philip the Apostle Parish to publish pictures of my child in parish publications or in any other local press releases.

Signature of parent or guardian _____ Date _____

Safe Environment Training

The *Safe Child Lures* and *Called to Protect* Programs

The mission of the Child Lures Prevention Program is to assist parents and educators in protecting youngsters, both offline and online. Millions of children and teens nationwide have been empowered by *Think First & Stay Safe*™ resources to avoid: sexual abuse, exploitation, harassment, school violence, abduction, drugs and bullying.

The Archdiocese of Chicago and Office of Protection of Children and Youth have put together a comprehensive program to assist our teachers and catechists in creating a safe environment for all of our students. As disciples of Jesus and carriers of the Good News of the gospels, we have a primary responsibility to create a sacred covenant with our schools, the children and their families.

In keeping with the mission of the Church, St. Philip the Apostle's Religious Education Program is following the mandate of the Archdiocese of Chicago to offer this *Safe Environment Training* as a means to teach our children about their safety in their neighborhoods, schools and homes. **The *Safe Child/* program is offered to students in CARE through Grade 4 and *Called to Protect* program is offered to students in Grades 5-8. These sessions will take place immediately following PREP in the convent and last about 45 minutes.** Dates for these sessions are announced on the 2017-2018 PREP Calendar and are subject to change.

Some material is disturbing and you as a parent, should use discretion as to when, or if, you wish your child to participate. Parents who don't wish their child to participate can share the material with their children on their own. Please prayerfully decide if you wish your child to participate in the Child Lures classes, or not. Please fill out the form and return to the parish office for your children's records. If you have any questions, please call the parish office at (847) 446-8390.

Child Lures/Called to Protect (Safe Environment) Training Parental Declination Form Academic Year 2017-2018

I, _____ (print parent name), request that my child(ren)

WILL PARTICIPATE / WILL NOT PARTICIPATE (*please circle one*) in Safe Environment training provided by the PREP Program

Child's Name _____

Child's Grade _____

Child's Name _____

Child's Grade _____

Child's Name _____

Child's Grade _____

Parent's Signature _____ Date _____