

**ST. PHILIP THE APOSTLE RELIGIOUS EDUCATION PROGRAM
FAMILY REGISTRATION FORM
2010/2011 SCHOOL YEAR**

Family Name _____ Date _____

Street Address _____ City/Zip Code _____

Home Phone # _____ Cell Phone #s _____ or _____

Parents' Work Phone #s: _____ or _____

E-mail Address: _____@_____

Please enter information for each of your children who will be attending the 2010/2011 religious education program classes or who will be participating in the home study program. **If you are registering a student who did not attend the religious education program last year, you will need to register IN PERSON at the Religious Education Office and bring your child's baptismal certificate.**

Returning (R) or New Student (N)	Last Name, First Name	Sex	Birthdate MM/DD/YY	Grade in 2010/2011	Home Study (HS) or RE Classes (RE)
R or N		M or F			HS or RE
R or N		M or F			HS or RE
R or N		M or F			HS or RE
R or N		M or F			HS or RE

Regular religious education classes and home study fees are as follows:

\$180 for one child \$270 for two children \$315 for three or more children

METHOD OF PAYMENT (office use only)

Cash Amount	Date	Initials	Balance

TOTAL FEE DUE \$ _____

There will be a \$50 late fee for returning families registering after June 18, 2010. Families who pay their entire fee at registration will get a \$25 discount.

___ Our family will pay the entire fee at registration by check, cash, or credit card (see back of coupon form). (Take \$25 off from your fee!)

___ Our family will pay the registration fee of \$75 now and will send monthly checks (see coupon form) or monthly credit card payments (see back of coupon form) until the remainder is paid.

___ Our family will pay the registration fee of \$75 now, and we would like the religious education director to call us to discuss our financial situation.

Signature: _____

Date: _____

Checks/Money Orders (made out to St. Philip the Apostle)			
Check/MO #	Date	Amount	Balance

Please return your completed form (front and back) and payment to the Religious Education Office at 1233 W. Holtz Avenue in Addison, IL 60101. If you are registering a **new student**, you must register **IN PERSON** at the RE Office and bring a copy of your child's baptismal certificate for our files.

MEDICAL EMERGENCY FORM UPDATE FOR 2010/2011

This form updates my original permission form for the child/children listed below who are registered in the RE Program to receive emergency treatment if I cannot be contacted while they are attending religious education classes at St. Philip the Apostle Parish. I agree to the terms of the original statement.

Parent's Signature: _____ **Date:** _____

Please list children's names below and any issues that may impact on their religious education experience.

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

Please list an emergency phone # if parents cannot be reached at the phone numbers listed on the front of this form:

Name: _____ **Relationship:** _____ **Phone #:** _____

PICTURES/VIDEO PERMISSION: Pictures/videos of the religious education students may be taken during the school year for publicity or information purposes to advertise events in the parish. The pictures may be posted on the parish website, the parish bulletin boards, in parish publications and/or newspapers (local or diocesan). We assume your permission is given to use these photos for publicity and information purposes unless you notify the Religious Education Office by calling 630 543-1754. Please initial that you understand this policy: _____

DIOCESAN SAFE ENVIRONMENT PROGRAM FOR 2010/2011

Each year, as required by the Diocese of Joliet, one class is held for each grade level to assist children in recognizing and responding appropriately/assertively to improper (sexual) touch. The book or video used is age-appropriate and helps the students understand they can say "no" and should tell a trusted adult about the incident. The instruction helps children learn about these unpleasant realities in a positive way. Parents are invited to view the educational materials at the Religious Education Office. Please call 630 543-1754 to make an appointment. If you **DO NOT WANT** your children to attend the safe environment class, **please fill out the information below.**

I DO NOT WANT my child/children (listed below) to participate in the diocesan safe environment program:

Name: _____ **Grade:** _____ **Name:** _____ **Grade:** _____

Name: _____ **Grade:** _____ **Name:** _____ **Grade:** _____

Parent's Signature: _____ **Date:** _____

PARENT ACKNOWLEDGEMENT FOR 2010/2011

(For all families in the Religious Education Program in 2010/2011)

I acknowledge that I have received and read the **Parent Guide: Understanding & Preventing Child Sexual Abuse** and **Internet Safety for Children & Teens** that were given with this registration form.

Parent's Signature: _____ **Date:** _____

NEW PARENT ACKNOWLEDGEMENT FOR 2010/2011

(Only for families new to the Religious Education Program in 2010/2011)

I acknowledge that I have received and read the **Diocesan Pastoral Policy regarding Sexual Abuse of Minors** and **Standards of Behavior for Those Working with Minors** (given to new parents when registering in the Religious Education Office).

Parent's Signature: _____ **Date:** _____