

OUR LADY OF MOUNT CARMEL RELIGIOUS EDUCATION REGISTRATION

Family Last Name:	Father's Name:	Mother's Name: (First and Maiden)
Address:	City, Zip:	Primary Phone: (the number we will use first)
Emergency Contact:	Relationship to Child:	Phone Number: (for emergency contact)
Family E-mail: (the email used for correspondence)	Secondary Phone:	Other Phone: Type: _____

Please Number 1-3 Preferred Attendance Time:

Sunday Mornings: _____ **9:00-9:55 AM** (Attend 8:15 or 10:00 Mass) _____ **11:00-11:55 AM** (Attend 10:00 or Noon Mass)

Monday Evenings: _____ **5:00-6:00 PM** _____ **7:00-8:00 PM**

Monday Evenings: Encounter-High School Sacrament Preparation - 7:00-8:00 PM _____

Family Faith Session-Grades P-6 (Meets one Tuesday a Month- 7:00-8:15) _____

While we will do our best to accommodate your preferred time, class size is limited. Placing students will be on a "first come first serve" basis. We are sorry for any inconvenience.

Name of Student <small>(with last name if different from parent)</small>	Gender F/M	Date of Birth	Grade In Fall	Name of School Student Attends	Baptism* Yes/No <small>Parish Name</small>	Confession Yes/No <small>Parish Name</small>	Communion Yes/No <small>Parish Name</small>	Confirmation Yes/No <small>Parish Name</small>

**If not baptized here at Our Lady of Mount Carmel, please provide us with a copy of the Baptismal Record*

If any of your children have special needs, allergies, medications to be taken during class times, or if there is anything we need to know to make your children more comfortable during our time together, please list that child's name here and the circumstances.

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Important! Please read all information, initial in spaces provided then sign at the bottom of the form.

- I grant permission for the administration of first aid to the children as listed on this registration form by the staff and volunteers of Our Lady of Mount Carmel and those transporting my children to and from program as their judgment deems advisable. I also grant permission to make the necessary referrals to a qualified physician for the treatment of illness or injury of a more serious nature. I understand that I will be promptly notified in the event of any major surgery, except when delay in such communication would endanger the life of my child. In case of medical emergency, I understand that every effort will be made to contact me as the parent or guardian of the child. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child. Please list any medication your child is allergic to: _____

Initial Here _____

- Photo Release:**

I give permission to Our Lady of Mount Carmel Religious Education administrators and educators to use my child(ren)'s pictures in the parish bulletin, parish website, or in local newspaper articles to support and help promote our program.

Initial Here _____

- Participation:**

Regular Mass attendance is expected of all families. Participation in the Family Mass, Retreats, Family Service Opportunities, or Days of Reflection are all part of our Religious Education curriculum and as such, students and parents are invited and encouraged to participate in these events as listed on your RE Calendar for the year.

Initial Here _____

- Policy on Absences:**

Three unexcused absences are the maximum allowed in a school year. Please contact the DRE or YM for extended absences to catch up for sacramental preparation and classroom assignments. Two consecutive years of preparation is required for First Communion, which is usually celebrated in grade 2. Eight Years of preparation is recommended for Confirmation, but two consecutive years are required by the Diocese, which is usually celebrated in grade 8.

Initial Here _____

- I have read the *Parent's Guide Internet Safety for Children and Teens* and *Practical Advice for Parents on Preventing Child Sexual Abuse*. I have Received I have also read the policies received with this registration packet. My child(ren) and I will comply with the policies, especially bringing them to weekly Mass, and reasonable requests of the Religious Education program of Our Lady of Mount Carmel Parish in Darien, Illinois.

Parent's (or Guardian's) Signature: _____ **Date:** _____

Parent's (or Guardian's) Signature: _____ **Date:** _____

OUR LADY OF MOUNT CARMEL RELIGIOUS EDUCATION REGISTRATION

Family Name: _____

Tuition and Fees

Families must be registered in Our Lady of Mount Carmel to participate in the Religious Education program. Students must have at least two consecutive years of formation prior to Sacrament reception. Early Tuition discount will be applied to any registrations, **paid in full and received by July 1, 2026.**

	<u>Before July 1</u>	<u>After July 1</u>
The cost for a family with 1 child in Religious Education is:	\$135.00	\$145.00
The cost for a family with 2 children in Religious Education is:	\$150.00	\$160.00
The cost for a family with 3 or more children in Religious Education is:	\$165.00	\$175.00

*****Grade 6 Bible Fee \$20-This is for a Catholic Youth Bible that students will use for grades 6-8 Replacement fee is full cost of Bible \$32.95**

The inability to pay for Faith Formation should not hold your family back from sharing this gift with your children. We can offer a payment plan or call the Religious Education Office to make other arrangements. No child will be denied due to the inability to pay for RE.

Our fees are minimal, and as such we will charge a \$20 book fee for a replacement book for RE this year. We will also charge a \$10 paperwork fee for any changes made after the first RE session begins. I am sorry for any inconvenience.

For Office Use Only:

Date Received: _____ By: _____

Tuition Amount Due: _____ 6th Grade Bible Fee: \$20

Date: _____ Amount Paid: _____ Payment Type: _____ Balance Due: _____

Date: _____ Amount Paid: _____ Payment Type: _____ Balance Due: _____

Date: _____ Amount Paid: _____ Payment Type: _____ Balance Due: _____

Other: _____

Family ID: _____ Session Time: _____