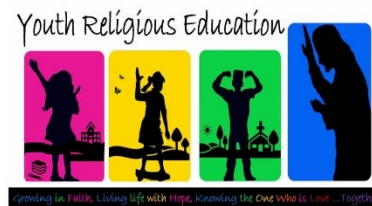


**OUR LADY OF PEACE  
CHRIST THE SERVANT  
RELIGIOUS EDUCATION REGISTRATION  
2021-2022**



Are you a registered member *Our Lady of Peace* parish? Yes \_\_\_ No \_\_\_ Parish ID# \_\_\_\_\_  
 Are you a registered member *Christ the Servant* parish? Yes \_\_\_ No \_\_\_ Envelope# \_\_\_\_\_

**PLEASE PRINT:** Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

*\*Primary address of student(s) - mailing address*

Primary Guardian / Parent #1 Preferred Contact

Name \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_ Other # \_\_\_\_\_

Secondary Guardian / Parent #2

Name \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_ Other # \_\_\_\_\_

Primary language spoken at home if not English: \_\_\_\_\_ Child(ren) live(s) with: Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Stepfather: \_\_\_\_\_ Stepmother: \_\_\_\_\_ Guardian: \_\_\_\_\_

Emergency Contact, in the event we are unable to reach a parent during a session:  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**All classes are held at Our Lady of Peace School Building  
709 Plainfield Rd. Darien, Illinois 60561.**

<p><b>Class Sessions:</b></p> <p><b>A- Grades K-8<sup>th</sup> Tuesday Afternoon Session 4:30 - 5:45 pm</b></p> <p><b>B - Grades 1-8<sup>th</sup> Tuesday Evening Session 6:00-7:15 pm</b></p> <p><b>C - Grades 1-8<sup>th</sup> Wednesday Evening Session 6:00-7:15 pm</b></p> <p><b>D - Grades 1-8<sup>th</sup> Remote eLearning Lessons*</b></p> <p><small>*Please note those preparing to receive a sacrament will have several in-person lessons and activities.</small></p>	<p><b>List each child &amp; session preference on page 2 and check the box for 1<sup>st</sup> and 2<sup>nd</sup> choices.</b></p>
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<p>While best efforts are made to honor placement requests, class sizes are limited, and placement will be made on a first completed registration, first-placed basis.</p> <p><b>A registration is complete when all four pages are filled out <u>completely</u>, they are in the Parish Office and a payment is made or a payment agreement is in place with the Religious Formation Office.</b></p>	<p>_____ We have participated in Religious Education at either CTS or OLP previously and have supplied the parish with a copy of each child's baptismal record.</p> <p><b>New families/children:</b></p> <p>_____ I am including copies of my children's baptismal records</p> <p>-or-</p> <p>_____ My children were baptized at CTS or OLP</p>
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***Please complete reverse side of this page***

Office Use Only: Parishioner # \_\_\_\_\_ Gift-sharing: \_\_\_\_\_ Payment: \_\_\_\_\_  
 Reg. # Baptismal cert: \_\_\_\_\_ Medical form: \_\_\_\_\_ Date: \_\_\_\_\_  
 Method: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

Child's First Name <i>(Enter each child below)</i>	M/F	Date of Birth	Last RF Grade Completed	School Grade 2021-22	School	Sacraments <i>(Check if Received)</i>	1 <sup>st</sup> Choice Day/Time	2 <sup>nd</sup> Choice Day/Time
1.						<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		
Medical Conditions, Allergies								
Special Educational Needs								
How Does Your Child Learn Best?								
Special Emotional Needs or Situations								

2.						<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		
Medical Conditions								
Special Educational Needs								
How Does Your Child Learn Best?								
Special Emotional Needs or Situations								

3.						<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		
Medical Conditions, Allergies								
Special Educational Needs								
How Does Your Child Learn Best?								
Special Emotional Needs or Situations								

4.						<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		
Medical Conditions, Allergies								
Special Educational Needs								
How Does Your Child Learn Best?								
Special Emotional Needs or Situations								

**The Diocese requires that the following acknowledgments to be on file for each family:**

*These forms are available online at the Religious Formation webpage or hard copy outside the Religious Formation Office.*



**PARENT ACKNOWLEDGEMENT FOR 2021/2022**

I acknowledge that I have received and read the:

- **Parent Guide: Understanding & Preventing Child Sexual Abuse**
- **Parent Guide: Internet Safety for Children & Teens**
- **Diocesan Pastoral Policy Regarding Sexual Abuse of Minors**
- **Standards of Behavior for Those Working with Minors** (Only for families **NEW** to the Religious Formation Program in 2019/2020)

I have reviewed the 2021-2022 Religious Formation Policy Handbook.

Videotaping and Still Photographs may be taken during Religious Formation classes and events. I give permission for my child(ren)'s participation in the videotaping and/or still photographs, which may be used for recording of events, and future promotional efforts, including the parish website.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The parties agree that this document may be electronically signed and that the electronic signatures appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.*

*Transmission via email is not encrypted, so if you are concerned about the security of your sensitive information, please print and fax this form, surface mail it or hand deliver it.*

**CHRIST THE SERVANT & OUR LADY OF PEACE  
RELIGIOUS EDUCATION PROGRAM  
2021-2022 MEDICAL PERMISSION FORM**

**Insurance Information:** (same for all children in family)

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_



I understand that first aid will be administered by the adult staff in charge of the Religious Formation (and/or those transporting my child to and from program events and activities) as their judgment deems advisable. I grant permission for adult staff to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified at the onset of any serious illness or in the event of a serious accident and prior to any major surgery, unless a delay in communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to secure proper treatment for my child as deemed necessary.

I grant permission for the administration of First Aid to \_\_\_\_\_  
(First and Last)

**Does this child have allergies? (Medication, foods, insect bites or stings, etc.)**

No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_

I grant permission for the administration of First Aid to \_\_\_\_\_  
(First and Last)

**Does this child have allergies? (Medication, foods, insect bites or stings, etc.)**

No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_

I grant permission for the administration of First Aid to \_\_\_\_\_  
(First and Last)

**Does this child have allergies? (Medication, foods, insect bites or stings, etc.)**

No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_

I grant permission for the administration of First Aid to \_\_\_\_\_  
(First and Last)

**Does this child have allergies? (Medication, foods, insect bites or stings, etc.)**

No \_\_\_\_\_ Yes (please specify) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*The parties agree that this document may be electronically signed and that the electronic signatures appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.*

*Transmission via email is not encrypted, so if you are concerned about the security of your sensitive information, please print and fax this form, surface mail it or hand deliver it.*



**OUR LADY OF PEACE  
RELIGIOUS EDUCATION  
2021-2022 TUITION AND FEES**

To confirm your student's placement, submit your full payment and completed registration.  
Registrations received without full payment will be held until your payment is received.

<b>TUITION</b>	.....	<b>Number of students</b>	_____	<b>X</b>	<b>\$150 ea.</b>	<b>= \$</b>	_____
<b>Sacrament Prep Fee</b>	.....	<b>Number of students</b>	_____	<b>X</b>	<b>\$100 ea.</b>	<b>= \$</b>	_____

Make checks payable to: **OUR LADY OF PEACE PARISH**  
Note: **RELIGIOUS EDUCATION** in the Memo

**TOTAL \$** \_\_\_\_\_

<input type="checkbox"/> <b>CASH \$</b> _____	•	<input type="checkbox"/> <b>CHECK #</b> _____	<b>\$</b> _____	•	<b>Staff Initials</b> _____	<b>Date</b> _____
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**RETURN** the following, to the Religious Education Dept. using the enclosed envelope:

- *Registration Form and your check Payable to: Our Lady of Peace Parish*
- *New families please include Baptismal and/or Holy Communion Certificates from another parish.*
- *Please return to the OLOP Business Office • 709 Plainfield Rd • Darien, IL 60561*

Questions? Please call Christine Goba (630) 986-8430 or email at [cgoba@olopdarien.org](mailto:cgoba@olopdarien.org)



**CHRIST THE SERVANT  
RELIGIOUS EDUCATION  
2021-2022 TUITION AND FEES**

Full payment should be received before classes begin, September 7, 2021

<b>TUITION</b>	.....	<b>Number of students</b>	_____	<b>X</b>	<b>\$150 ea.</b>	<b>= \$</b>	_____
<b>Sacrament Prep Fee</b>	.....	<b>Number of students</b>	_____	<b>X</b>	<b>\$100 ea.</b>	<b>= \$</b>	_____

Make checks payable to: **CHRIST THE SERVANT CHURCH**  
Note: **RELIGIOUS EDUCATION** in the Memo

**TOTAL \$** \_\_\_\_\_

<input type="checkbox"/> I am paying Tuition in Full at this time	<input type="checkbox"/> <b>ONLINE \$</b> _____ (include receipt)	<input type="checkbox"/> <b>CASH \$</b> _____	<input type="checkbox"/> <b>CHECK #</b> _____	<b>\$</b> _____
<input type="checkbox"/> I am paying \$ _____ at this time with remainder due by 9/7/2021				

**RETURN** the following, to **CHRIST THE SERVANT**:

- *Registration Form and your check Payable to: CHRIST THE SERVANT CHURCH*
- *New families please include Baptismal and/or Holy Communion Certificates from another parish.*
- *Please return to the CTS Business Office • 8700 Havens Dr. • Woodridge, IL 60517*

Questions? Please call Christine Goba (630) 986-8430 or email at [cgoba@rcdoj.org](mailto:cgoba@rcdoj.org)





Participant Name: \_\_\_\_\_

Religious Formation, Christ the Servant Church, Woodridge, IL

Gender: Male/Female (Circle One)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Youth Phone: \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

Parish Name/City: Christ the Servant Church, Woodridge, IL

School Attending (include city) Religious Formation Classes, Christ the Servant Church, Woodridge, IL

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ High School Grade: (if applicable)

**GENERAL PERMISSION FORM**

I request that my child, \_\_\_\_\_, be allowed to participate in the Religious Formation Classes online and in person. I hereby release and indemnify my parish, Christ the Servant Church, Woodridge, IL, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

**VIDEOTAPING, PHOTOGRAPHS AND VIRTUAL PLATFORMS**

Video, and photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website. As well as permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmatic content.

**CODE OF BEHAVIOR**

You are representing our diocese / parish during this event and we expect you will represent us well. We expect that you will display mature, responsible and respectful behavior in action, and usages, which is the trademark of Catholic youth, chaperones, and adults. And will follow all Diocesan protocols.

**EXPECTATIONS**

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage or possession or use of any illegal substance is not permitted and may be prosecutable.
6. Smoking, vaping, e-cigarettes, smokeless tobacco are not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. *If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and ALL costs involved.* \_\_\_\_\_ (Guardian Initial)

**MEDICAL PERMISSION FORM**

I grant permission for the administration of First Aid to my child: \_\_\_\_\_, by the people in charge of the event and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

**ALLERGIC TO MEDICATION/OTHER:** If YES, describe (use back if needed)  
Medication(s) presently taking: \_\_\_\_\_

Other: \_\_\_\_\_

**INSURANCE INFORMATION**

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

**EMERGENCY CONTACTS**

If Parent(s) cannot be reached in case of Emergency, contact:

Name \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Teen Signature \_\_\_\_\_

Date \_\_\_\_\_

Parents Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_