

**CHRIST THE SERVANT
RELIGIOUS FORMATION REGISTRATION
2023-2024**



Are you a registered member of the parish? Yes _____ No _____

PLEASE PRINT: Last Name: _____

Father's name: _____ Religion _____

Mother's name: _____ Religion _____

Address: _____ City _____ Zip _____

Child(ren) live(s) with: Father: _____ Mother: _____ Stepfather: _____ Stepmother: _____ Guardian _____

Phone numbers: Home: _____



Mom's cell: _____ Dad's cell: _____

Mom's work: _____ Dad's work: _____

If Grandparent is drop off/ pick up person what is their cell: _____

email address(es): _____ (please print clearly)

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

In case of an emergency cancellation of classes, which is the best number to call: _____

CHOICES BY GRADE LEVEL

List each child & session preference on page 2

Elementary Session:

Remote eLearning is independent study and does not have a set time to meet each week

(Additional sessions may be added or canceled as needed)

In-Person **Remote**

Kindergarten Tue 4:45-6:00 (In-Person Only)

Grade 1 Mon, Tue or Wed 4:45-6:00 or eLearning

Grade 2 Mon, Tue or Wed 4:45-6:00 or eLearning

Grade 3 Mon, Tue or Wed 4:45-6:00 or eLearning

Grade 4 Mon, Tue or Wed 4:45-6:00 or eLearning

Grade 5 Mon or Wed 4:45-6:00 or Tue 6:30-7:45 or eLearning

Grade 6 Mon or Wed 4:45-6:00 or Tue 6:30-7:45 or eLearning

Grade 7 Mon or Tue 4:45-6:00 or Tue or Wed 6:30-7:45 eLearning

Confirmation Session:

Grade 8 Mon or Tue 4:45-6:00 or Tue or Wed 6:30-7:45 eLearning

Confirmation & Communion remote students are required to be in person for many activities for the Sacrament preparation.

Please complete reverse side of this page

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. A registration is complete **when all five pages are filled out completely**, they are in the Parish Office and a payment is made or a payment agreement is in place with the Religious Formation Office.

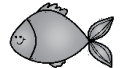
Classes are held at Christ the Servant Church.

Tuition & Fees are non-refundable after the 1st day of class.

Tuition for each child: Early registration \$150

After 7/01/23 \$175, After 1st class 9/25/23 \$190

After 10/25/23 \$200



Sacramental Fees:

(covers cost related to sacrament)

Reconciliation/Eucharist (Grade 2): \$100

Confirmation (Grade 8): \$100

(If this creates an impossible burden on your family, contact the Director of Religious Formation.)

**Make checks payable to:
Christ the Servant Catholic Church**

**Tuition may be paid via credit card online at
www.ctswoodridge.org.**

Select <Donation> then <Religious Formation>

Full payment should be received before classes begin.

___ I am paying Tuition in Full at this time

___ I am paying \$_____ at this time with remainder due before classes begin.

___ Cash/Check ___ Credit Card (check which applies)

___ We have participated in Religious Formation previously and have supplied the parish with a copy of each child's baptismal record.

New families/children:

___ I am including copies of my children's baptismal records -or-

___ My children were baptized at Christ the Servant

Additional sessions may be added or canceled as needed

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

Family Last Name: _____

Additional sessions may be added or canceled as



Child's First Name <i>(Enter each child below)</i>	M/F	Date of Birth	Last RF Grade Completed	School Grade 2023-24	School	Sacraments <i>(Check if Received)</i>	1 st Choice Day/Time	2 nd Choice Day/Time
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1.						<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		
Medical Conditions, Allergies, etc.								
Special Educational Needs								
Any Access Requirements Or Other Additional Needs								
Special Emotional Needs or Situations								
How Does Your Child Learn Best?								

2.						<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		
Medical Conditions, Allergies etc.								
Special Educational Needs								
Any Access Requirements Or Other Additional Needs								
Special Emotional Needs or Situations								
How Does Your Child Learn Best?								

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

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

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 2023/2024

- 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 2023/2024)

I have reviewed the 2023-2024 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 PARISH RELIGIOUS FORMATION PROGRAM
2023-2024 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 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.

**CHRIST THE SERVANT PARISH
RELIGIOUS FORMATION PROGRAM
"SHARING OF GIFTS" FORM**

We have been blessed by God with people who are so generous in donating their gifts of time and talent. All families participating in the Religious Formation programs of our parish are **needed to help** by sharing their gifts with the program in some way; large or small.

We need YOU! In addition to praying, our family will commit to:

Parent Name: _____

Have you attended a *Protecting God's Children* training session? _____

E-mail: _____

Phone: _____



Circle children's grade levels: 1 2 3 4 5 6 7 8 H

CATECHIST (teaches the faith)

1. _____ Catechist (Grade _____)
2. _____ Hall monitor or Parking lot
3. _____ Catechist aide
4. _____ Substitute catechist (on call)

Youth Ministry

17. _____ Serve on Leadership Group
18. _____ Serve at activities
19. _____ Help with organizing events

RELIGIOUS FORMATION COMMISSION

5. _____ Commission member

Children's Liturgy

20. _____ Coordinator
21. _____ Helper

SPECIAL EVENTS --

6. _____ Be an Event planner
(help plan and implement events)
7. _____ Be an Event helper
(help facilitate family activity stations, set up, cleanup, etc)
8. _____ Plan and organize food
9. _____ Plan and organize service project
10. _____ Help with "odd jobs"

OTHER TALENTS

22. _____ Photographer
23. _____ Art Work – by hand
24. _____ Art Work/design – by computer
25. _____ Sewing
26. _____ Music
27. _____ Drama

SUPPORT TASKS

11. _____ Phone Calling
12. _____ E-mail coordinator
13. _____ Coordinate volunteers
14. _____ Support tasks that can be done at church
15. _____ Support tasks that can be done at home
16. _____ Help with Fund-Raising events

HOSPITALITY

28. _____ Provide treats as needed
29. _____ Provide beverages as needed
30. _____ Set-up and clean-up for events

OTHER

31. _____ Other ways we would like to help:

