

# Visitation Catholic Parish

## Religious Education Office

851 S. York Rd., Elmhurst, IL 60126

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April 3rd, 2017

Dear Parents and Guardians,

Welcome as we begin registration for Religious Education (RE) classes for the 2017-18 school year. Thank you for your commitment to handing on the Catholic Christian faith to your children. The role of the RE program is to support you in this commitment, which you made when your child was baptized.

Two key components of our vision for faith formation are:

- 1) to offer opportunities for parents and catechists to continue to grow in their Catholic faith, so that they might better hand on the faith to the children;
- 2) to bring children and parents together on occasion for family formation events at the parish, and to facilitate family faith formation in the home.

We understand the many demands on your time as busy parents, so our program attempts to work within these constraints. For most of the sessions of religious education this year we will simply ask you to drop your children off and pick them up. But on occasion we will ask you to stay for a parent enrichment session or for a family faith session with your children.

**Please take the time to read all the materials in this registration packet, and to complete the forms:**

- 1) GREEN tuition form. Please include full payment with registration. If you choose the 4-payment plan, please include 1/4<sup>th</sup> of your tuition total with registration.
- 2) BEIGE registration form (front and back).
- 3) BLUE medical form.
- 4) GRAY volunteer sign-up form.

New RE families will need to read through the Joliet Diocese Sexual Abuse Policy and sign the accompanying acknowledgement form.

**New registrations will not be accepted until outstanding balances from the previous year are paid.**

The RE session times will remain the same:

**Wednesdays 4:30 – 5:45 pm, Wednesdays 6:30 – 7:45 pm, Sundays 10:30 – 11:45 am**

- We can only accommodate two classrooms per grade level (K – 8<sup>th</sup>) at each session time. (With an average of 15 kids per classroom, this means a capacity of about 250 kids per session.)
- Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice of session time. **Classes will be filled in the order in which registrations are received.** Once the two classrooms at each grade level have filled up, you will be notified that your 1<sup>st</sup> choice cannot be accommodated.
- **The Wednesday 4:30 pm session time fills up the quickest, so please register ASAP.**
- Registration deadline is **August 1**. Registrations after Aug. 1 follow the fees in the right-hand column.
- RE classes will begin the week of Labor Day: September 6<sup>th</sup> and 10<sup>th</sup>.

Finally, all parents are encouraged to take the one-time Protecting God's Children (PGC) workshop that is offered on a regular basis. This is a requirement for any adults wishing to volunteer to work with children in the RE program. We are always in need of catechists, aides, subs, and office helpers, so if you can fulfill the PGC requirement ahead of time it makes volunteering much easier.

Thank you so much, and we pray that God will bless you and your family with a restful summer.

Matt Pozen (Director of Parish Faith Formation)  
Sheila Knopf (Coordinator of Middle School RE)

Date Received \_\_\_\_\_

# Visitation Religious Education 2017-2018 Tuition Schedule

Family Name: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Grades K-8 Classes begin:**

**Wed Sept. 6<sup>th</sup> and Sun Sept. 10<sup>th</sup>**

Parents take their kids to classrooms and spend first 20 minutes with catechists, children, and other parents.

**Then parents proceed to the gym for a 50-minute parent orientation meeting.**

**Important:** Tuition and other fees only pay for about 60% of the actual expense per child; the rest of the cost is subsidized by the parish. Your financial support through the Sunday mass offering is greatly appreciated. For this reason, **an additional \$60 fee** will be charged for non-parishioner families in Visitation Religious Education.

Fees apply according to when completed registration forms are received with payment.

**Registration before August 1<sup>st</sup>**

One Child (K-8) - \$280 \_\_\_\_\_

Two Children (K-8) - \$380 \_\_\_\_\_

Three or More (K-8) - \$480 \_\_\_\_\_

2<sup>nd</sup> Grade Sacramental Fee - \$80 \_\_\_\_\_

8<sup>th</sup> Grade Sacramental Fee - \$80 \_\_\_\_\_

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

**Registration after August 1<sup>st</sup>**

One Child (K-8) - \$340 \_\_\_\_\_

Two Children (K-8) - \$440 \_\_\_\_\_

Three or More (K-8) - \$520 \_\_\_\_\_

2<sup>nd</sup> Grade Sacramental Fee - \$80 \_\_\_\_\_

8<sup>th</sup> Grade Sacramental Fee - \$80 \_\_\_\_\_

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

Make checks payable to **Visitation Parish** and send with **all** forms to Visitation Religious Education Office, 851 S. York, Elmhurst IL, 60126. For children new to the program, please submit a copy of their **Baptismal Certificate** with the completed registration forms.

**Please mark one box:**

**Payment Options**

- Payment in full at registration.
- Payment plan of 4 equal installments: (1) with registration (2) Nov 15 (3) Jan 15 (4) Mar 15
- Please contact me about Financial Assistance and Discounts (e.g. Volunteer, Manna, etc.)

**Class Sessions:   Wednesdays 4:30 - 5:45 pm   Wednesdays 6:30 - 7:45 pm   Sundays 10:30 - 11:45 am**

Priority based on date of registration



Mark 1 for 1<sup>st</sup> choice and 2 for 2<sup>nd</sup> choice



**Child's Full Legal Name**

**RE Grade**

**Session Preference**

		Wed 4:30	_____	Wed 6:30	_____	Sun	_____
		Wed 4:30	_____	Wed 6:30	_____	Sun	_____
		Wed 4:30	_____	Wed 6:30	_____	Sun	_____
		Wed 4:30	_____	Wed 6:30	_____	Sun	_____

For Office Use Only

# Visitation RE Program: Registration Form for Grades K – 8

## FAMILY INFORMATION

DATE \_\_\_\_\_

Family Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip*

\_\_\_\_\_  
*Dad's Cell #*

\_\_\_\_\_  
*Mom's Cell #*

\_\_\_\_\_  
*Best Email*

Father's name \_\_\_\_\_ Religion \_\_\_\_\_  
(First & Last)

Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Mother's name \_\_\_\_\_ Religion \_\_\_\_\_  
(First, Maiden, Last)

Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Marital Status (circle one): Married    Remarried    Widowed    Separated    Divorced    Single Parent

## EMERGENCY CONTACT INFORMATION

Primary Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Secondary Name \_\_\_\_\_ Phone # \_\_\_\_\_

*In the event of an emergency we will always attempt to contact parents first*

## CHILDREN'S INFORMATION *(Please list all kids k-8 starting with the oldest.)*

1. NAME \_\_\_\_\_ Sex (circle one): Boy / Girl  
*First Middle Last (if different from family name)*

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Confirmed? Yes / No

Baptismal Information: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_  
*Please provide a copy of your child's baptismal certificate if you haven't given us one before or aren't sure*

1<sup>st</sup> Confession: Yes / No    1<sup>st</sup> Eucharist: Yes / No    Date \_\_\_\_\_ Church \_\_\_\_\_

Child lives with: Dad / Mom / Both / Other: \_\_\_\_\_ First Language \_\_\_\_\_

Public School \_\_\_\_\_ Grade in September \_\_\_\_\_

Describe any special needs, such as disability, ADHD, learning difficulties. What can we do to accommodate?

Describe any food allergies or other allergies.

*List Additional Children on Reverse Side*

**2. NAME** \_\_\_\_\_ Sex (circle one): Boy / Girl  
*First Middle Last (if different from family name)*

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Confirmed? Yes / No

Baptismal Information: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_  
*Please provide a copy of your child's baptismal certificate if you haven't given us one before or aren't sure*

1<sup>st</sup> Confession: Yes / No 1<sup>st</sup> Eucharist: Yes / No Date \_\_\_\_\_ Church \_\_\_\_\_

Child lives with: Dad / Mom / Both / Other: \_\_\_\_\_ First Language \_\_\_\_\_

Public School \_\_\_\_\_ Grade in September \_\_\_\_\_

Describe any special needs, such as disability, ADHD, learning difficulties. What can we do to accommodate?

Describe any food allergies or other allergies.

**3. NAME** \_\_\_\_\_ Sex (circle one): Boy / Girl  
*First Middle Last (if different from family name)*

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Confirmed? Yes / No

Baptismal Information: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_  
*Please provide a copy of your child's baptismal certificate if you haven't given us one before or aren't sure*

1<sup>st</sup> Confession: Yes / No 1<sup>st</sup> Eucharist: Yes / No Date \_\_\_\_\_ Church \_\_\_\_\_

Child lives with: Dad / Mom / Both / Other: \_\_\_\_\_ First Language \_\_\_\_\_

Public School \_\_\_\_\_ Grade in September \_\_\_\_\_

Describe any special needs, such as disability, ADHD, learning difficulties. What can we do to accommodate?

Describe any food allergies or other allergies.

**4. NAME** \_\_\_\_\_ Sex (circle one): Boy / Girl  
*First Middle Last (if different from family name)*

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Confirmed? Yes / No

Baptismal Information: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_  
*Please provide a copy of your child's baptismal certificate if you haven't given us one before or aren't sure*

1<sup>st</sup> Confession: Yes / No 1<sup>st</sup> Eucharist: Yes / No Date \_\_\_\_\_ Church \_\_\_\_\_

Child lives with: Dad / Mom / Both / Other: \_\_\_\_\_ First Language \_\_\_\_\_

Public School \_\_\_\_\_ Grade in September \_\_\_\_\_

Describe any special needs, such as disability, ADHD, learning difficulties. What can we do to accommodate?

Describe any food allergies or other allergies.



# Diocese of Joliet

Religious Education Office  
101 Airport Road  
Romeoville, Illinois 60446-6527

## MEDICAL EMERGENCY INFORMATION AND AUTHORIZATION FORM

I grant permission for the administration of First Aid to my child(ren) by the people in charge of the **Visitation Religious Education Program**, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for 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 case of 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.

1. **Child's Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergic to medication/other? NO / YES If yes, please describe \_\_\_\_\_

Medication(s) presently taking: \_\_\_\_\_

2. **Child's Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergic to medication/other? NO / YES If yes, please describe \_\_\_\_\_

Medication(s) presently taking: \_\_\_\_\_

3. **Child's Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergic to medication/other? NO / YES If yes, please describe \_\_\_\_\_

Medication(s) presently taking: \_\_\_\_\_

4. **Child's Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergic to medication/other? NO / YES If yes, please describe \_\_\_\_\_

Medication(s) presently taking: \_\_\_\_\_

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### Insurance Information

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

Policy Number: \_\_\_\_\_ ID and/or SS Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening: ( \_\_\_\_\_ ) \_\_\_\_\_

## Visitation Parish Religious Education: Volunteer Signup Form\*\*

We need a great number of volunteers to make the task of running our RE program efficient and enjoyable. Being a volunteer is not as difficult as it seems and is a great way to reduce your tuition bill. Our ability to maintain our program and continue to grow depends on your help!

Name: \_\_\_\_\_ Ph \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ **Catechist:** One year commitment to teach approximately 25 classes (teachers manual & lesson plans provided); an initial catechist meeting in late August or early September; 2-3 non-teaching events (Mass, Penance, Station of the Cross).  
Solo Catechist: tuition and fees reduced by \$200.  
Co-Catechists: tuition and fees reduced by \$140 for each.

Preferred Grades: \_\_\_\_\_

Circle One:            Wed 4:30 - 5:45 pm            Wed 6:30 - 7:45 pm            Sun 10:30-11:45 am

\_\_\_\_\_ **Catechist Aide:** One year commitment to assist a catechist in whatever way he or she needs; occasionally substitute teach a class with prior notification; initial catechist meeting optional (see above); tuition and fees reduced by \$100.

Circle One:            Wed 4:30 - 5:45 pm            Wed 6:30 - 7:45 pm            Sun 10:30-11:45 am

\_\_\_\_\_ **Substitute Catechist:** No regular commitment, will be called as needed; regular catechist will prepare the lesson plan for the substitute.

Preferred Grades: \_\_\_\_\_

Availability:            Wed 4:30 - 5:45 pm            Wed 6:30 - 7:45 pm            Sun 10:30-11:45 am

\_\_\_\_\_ **RE Office Helper / Parking Lot Monitor:** One year commitment to help out each week; tuition and fees reduced by \$60.

Circle One:            Wed 4:30 - 5:45 pm            Wed 6:30 - 7:45 pm            Sun 10:30-11:45 am

\_\_\_\_\_ **Childcare Volunteer:** Offered at each RE session for the little children of catechists, aides, and RE volunteers; tuition and fees reduced by \$100 (if done each week).

Circle One:            Wed 4:30 - 5:45 pm            Wed 6:30 - 7:45 pm            Sun 10:30-11:45 am

**\*\*All new volunteers must attend a United States Bishops-mandated "Protecting God's Children" workshop. We will notify you of the dates for these.**

Also, a criminal background check must be processed by the parish for all adult volunteers every five years.