

OUR LADY OF MOUNT CARMEL RCIA-GAP REGISTRATION

Family Last Name:	Father's Name:	Mother's Name: (First and Maiden)
Address:	City, Zip:	Primary Phone: (the number we will use 1st)
Emergency Contact:	Relationship to Child:	Phone Number: (for emergency contact)
Family E-mail:	Email to use for Remote Learning:	Other Phone: Type: _____

RCIA-Gap Grades 9 - 12 Please check your preferred method of attendance:

In-person Monday nights: _____ 7:00-8:15 PM

Remote Learning through Zoom: _____ Time to be determined based on participants

CHRISTOS: _____ (Will meet according to the needs of the family)

Name of Student (with last name if different from parent)	Gender F/M	Date of Birth	Grade In 20-21	Name of School Student Attends	Baptism* Yes/No Parish Name	Confession Yes/No Parish Name	Communion Yes/No Parish Name	Confirmation Yes/No Parish Name

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

If you did not attend RE here at OLMC last year, Parish you attended: _____

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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 circumstance.

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 _____

- I have read the Standards of Behavior for Working with Minors (if you need another copy please let us know, and we will provide you with one). I have received the Parent Guide. I have also read the policies and class schedules received with this registration packet including the diocesan forms. 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: _____

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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 received by September 1, 2020.

Please Note-Tuition is the same for any program you sign up for.

	<u>Before Sept. 1</u>	<u>After Sept. 1</u>
The cost for a family with 1 child in Religious Education is:	\$100.00	\$110.00
The cost for a family with 2 children in Religious Education is:	\$115.00	\$125.00
The cost for a family with 3 or more children in Religious Education is:	\$130.00	\$140.00

Payment is appreciated at the time of Registration, however, 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. Please contact the RE office to make payment arrangements.

Our fees are minimal, and as such we will charge a \$15 book fee for a replacement book for RE this year. There will also be an Ebook available on the Curriculum website. 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: _____

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: _____