

**Mary, Mother of Divine Grace Parish**  
**Religious Education Program**  
**Registration Form 2023 - 2024**

Mary, Mother of Divine Grace Parish will continue to offer Religious Education to Students of Grades 1 – 8 for the year 2023 – 2024. The location will be at the Divine Infant School building at address: 1640 New Castle Avenue, Westchester, IL. 60154.

***This Registration Form is for **NEW** students only. Please download this form, complete it, scan it and send it as an attached file to the Religious Education Office Email at [cnantaba@archchicago.org](mailto:cnantaba@archchicago.org). A Registration Fee of **\$50** is due at the time of Registration. The Tuition, Sacramental Fees are DUE at Registration also. Please make checks payable to Mary, Mother of Divine Grace Parish and mail it to the Parish Business Office at Address 2550 Mayfair Avenue, Westchester, IL 60154.***

**STUDENT INFORMATION**

Child's Name: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Family Email: \_\_\_\_\_

Name/City of Public School: \_\_\_\_\_

Grade in September of 2023: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Religious Ed. Prog. Last attended: \_\_ None \_\_ Parish School \_\_ Rel Ed

PARISH of the Rel Ed Program \_\_\_\_\_

RE Registration Form for **NEW STUDENTS!**

**SACRAMENTAL INFORMATION** *(Baptismal Certificate must be submitted)*

BAPTISM \_\_\_\_\_  
Date \_\_\_\_\_ Church Name & Address (City, State, Zip) \_\_\_\_\_

Certificate Provided: YES \_\_\_\_\_ NO \_\_\_\_\_

EUCCHARIST \_\_\_\_\_  
Date \_\_\_\_\_ Church Name & Address (City, State, Zip) \_\_\_\_\_

RECONCILIATION \_\_\_\_\_  
Date \_\_\_\_\_ Church Name & Address (City, State, Zip) \_\_\_\_\_

CONFIRMATION \_\_\_\_\_  
Date \_\_\_\_\_ Church Name & Address (City, State, Zip) \_\_\_\_\_

**FAMILY INFORMATION**

We are REGISTERED at \_\_\_\_ Mary, Mother of Divine Grace Parish (DP or DI)  
Envelope # \_\_\_\_\_

We are registered at another parish: \_\_\_\_\_

\_\_\_\_ We are NOT REGISTERED at any parish (You are welcome to join our Parish; please call our Parish Office at (708)562-3364 for more information. Thank you!)

**MOTHER'S INFORMATION**

\_\_\_\_\_  
First Name Last Name Maiden Name

Address \_\_\_\_\_  
(if different from child's)

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ RELIGION \_\_\_\_\_

Email Address: \_\_\_\_\_

**FATHER'S INFORMATION**

RE Registration Form for **NEW STUDENTS!**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**FATHER'S INFORMATION (Continued)**

Work Phone \_\_\_\_\_

RELIGION \_\_\_\_\_

Email Address: \_\_\_\_\_

**LEGAL GUARDIAN INFORMATION**

Name \_\_\_\_\_ *If parents are separated, divorced or deceased, or if the child lives with someone other than the natural parents or if there are other special circumstances, use this space to describe the situation:*

**EMERGENCY/MEDICAL INFORMATION:**

Does your child have any special needs, e.g. medication, allergies?

\_\_\_\_\_

Is your child enrolled in special education classes? Have a learning disability or physical handicap? If yes, please explain.

\_\_\_\_\_

**IF YOU** cannot be reached in an emergency, whom can we contact?

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Name

Phone Number **INCLUDING** area code

**Relationship to child:** \_\_\_\_\_

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RE Registration Form for **NEW STUDENTS!**

**Mary, Mother of Divine Grace Parish  
Religious Education Program  
Westchester, IL 60154  
2023 - 2024 School Year**

Dear Parent/Guardian,

The following release forms must be signed and kept in your child's file. Please complete each section and return this sheet to the office at the time of registration. (A copy must be signed each year.)

Thank you,  
Sr. Christine Nantaba, IHMR  
Director of Religious Education

\*\*\*\*\*

I hereby give permission for my child \_\_\_\_\_ to participate in the Religious Education Program at Mary, Mother of Divine Grace Parish. I understand that this may include some physical and outdoor activities. I hereby release and indemnify Mary, Mother of Divine Grace Parish, its staff and volunteers, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR MEDICAL TREATMENT:**

In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the Director of Religious Education (or other appropriate staff member), there is a necessity for immediate examination and/or treatment of my child, I hereby authorize the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Name of Child's Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\* I hereby give permission for my child \_\_\_\_\_ to have a snack at break time, when available, while s/he is participating in Religious Education Classes or functions. **These restrictions apply:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Religious Education Tuition and Sacramental Fees 2023 – 2024**

**Introduction:** The RE Tuition and Sacramental Fees are charged by Family per year as explained below. The Two payment Options offered in the previous years have been removed. ALL Tuition and Sacramental Fees are due at the time of Registration. Any Family with financial constraints should contact Sr. Christine, Director of our Religious Education Program, for a possible arrangement. Our goal is to provide faith formation to all of our children; regardless of a family's financial situation! Thank you for your cooperation.

Below is the arrangement:

1. **The RE Tuition and Sacramental Fees are charged per family and are as follows:**  
\$250 for 1 Child  
\$350 for 2 Children  
\$450 for 3 Children or more
2. **The Sacramental Fees for 2023 – 2024 are as follows:**  
\$100 for the Holy Eucharist (First Holy Communion)  
\$125 for Confirmation
3. **Payment Method:** Checks, Money Orders, Cash and Credit Card payments are all accepted. Please make checks payable to Mary, Mother of Divine Grace Parish (Religious Education).
4. **Credit/Debit Card Payment Option:** If you wish to use a Credit Card, there is an additional Credit Card Fee of 4% to the Total Amount. To pay by credit/debit click on the following link:  
<https://www.wesharegiving.org/App/Form/70a29401-a609-4112-bc8c-33573e909348>

Please contact Ms. Lisa Keeney, Director of Operations, at Mary, Mother of Divine Grace Parish with any payment questions at (708)562-3364 ext. 15.

Thanks and God bless!

**Sr. Christine Nantaba, IHMR**  
***Director of Religious Education***  
Mary, Mother of Divine Grace Parish  
2550 Mayfair Avenue  
Westchester, IL 60154  
Tel: (708)865-8086  
Email: [cnantaba@archchicago.org](mailto:cnantaba@archchicago.org)

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