

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 **RETURNING** students only (those who have attended our RE Program IN-PERSON this year (2022-2023)). 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. 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. Thank you!*

STUDENT INFORMATION

1. 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 _____

RE Registration Form for **RETURNING STUDENTS!**

2. **Child's Name:** _____
First Middle Last

Child's Birth Date: _____

Name/City of Public School _____

Grade in September of 2023 _____

Gender: Male _____ Female _____

3. **Child's Name:** _____
First Middle Last

Child's Birth Date: _____

Name/City of Public School _____

Grade in September of 2023 _____

Gender: Male _____ Female _____

4. **Child's Name:** _____
First Middle Last

Child's Birth Date: _____

Name/City of Public School _____

Grade in September of 2023 _____

Gender: Male _____ Female _____

FAMILY INFORMATION:

We are REGISTERED at ___Mary, Mother of Divine Grace Parish (DI or DP)
Envelope # _____

We are registered at another parish: _____
We are NOT REGISTERED at any parish _____.

RE Registration Form for **RETURNING STUDENTS!**

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

First Name _____ Last Name _____
Home Phone _____ Cell Phone _____
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:

Please indicate which child...if needed please use a separate sheet of paper.

Child's Name: _____

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: _____

**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

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