St. Philip the Apostle Parish 2012-13 Religious Education Program Registration Form

<u>Please print</u> Family Last Name	Mother's name		Father's name	
	Mother's maiden nam	ne	Home	Phone
Cell phone (Mother)	Cell phone (Father)			
Address (including city and zip code)				
E-mail Address				
Are you registered in the Parish? Y	_ N Is this a ne	ew address / phone	from last year's reg	gistration? Y N
	Emergency Contact I	Information (othe	er than parent)	
Name Relat	_ Relationship to child/children		Conta	ct Phone Number
Student Name	School Attending	Grade 2012-13	PREP Level	Sacrament to be received Eucharist (E) / Confirmation (C)
/		/ /	/	
/		/ /_	/	
/		/ /	/	
/		/ /	/	
PREP Tuition (Includes office fee and all supp 1 child \$285 / 2 children \$ 410 / 3 child Non-parishioner and non-participating par	ren + \$ 475 / CARE only \$14	40 per child	Total Tuition	For Office Use Only:
Parishioner rates are for those who are reg		ng in this parish.		Date Received:
Sacramental Fees (per child) First Eucharist \$ 50 (Level 2 only) Confirmation \$ 120 (Level 8 only)		lv)		Paid:
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Please note: If you wish to pay by credit card, you must set-up an account on the online giving system at <u>www.GiveCentral.org</u> For any questions, please contact our Business Manager, Geoff Pautsch in the parish office at (847) 446-8383 x10		Tota	l tuition and fees pai	
Geoff Pautsch in the parish office at (847	) 446-8383 x10 IV	IPORTANT		

#### A copy of a baptismal certificate must accompany any new registration, or if your child is to receive a sacrament.

If there is a financial need, please contact our pastor, Monsignor Dempsey, otherwise full payment of religious education fees is expected. All tuition and fees are due at time of registration. Students will not be admitted into classrooms unless registration form is completed and returned.

## Safe Environment Training The Child Lures Program

The mission of the Child Lures Prevention Program is to assist parents and educators in protecting youngsters, both offline and online. Millions of children and teens nationwide have been empowered by *Think First & Stay Safe*TM resources to avoid: sexual abuse, exploitation, harassment, school violence, abduction, drugs, and bullying.

The Archdiocese of Chicago and Office of Protection of Children and Youth have put together a comprehensive program to assist our teachers and catechists in creating a safe environment for all of our students. As disciples of Jesus and carriers of the Good News of the gospels, we have a primary responsibility to create a sacred covenant with our schools, the children, and their families.

In keeping with this mission of the Church, St. Philip the Apostle Parish Religious Education Program is following the mandate of the Archdiocese of Chicago to offer the Child Lures Program for students in all grades as a means to teach our children about their safety in their neighborhood, schools, and homes.

Some of the material is disturbing, and you as a parent, should use discretion as to when, or if, you wish your child to participate. Parents who have participated felt that their children greatly benefited from the information. However, other parents have attended the program without their children present and taught their children on their own from the material.

Please prayerfully decide if you wish your child to participate. This program is offered yearly and is broken out into age-appropriate sessions. Each year, the catechists and I enjoy working with your children and look forward to another great year.

Should you have any questions about the program, please speak with the PREP Office. You can also visit <u>www.childrenmatternetwork.org</u> for more information about the program itself.

Child Lures (Safe Environment) Training Parental Declination Form Academic Year 2012-2013					
I,	(print parent name), request that my child(ren)				
PARTICIPATE / NOT PARTICIPATE (please circle)					
in Safe Environment training provided by the PREP Program.					
	Child's Name	Child's Grade			
	Child's Name	Child's Grade			
	Child's Name	Child's Grade			
Parent Signature		Date			

# St. Philip the Apostle Parish Religious Education Program Parental Permissions

Family Last Name: _____

Child(ren)'s First Name: _____, ____, ____, ____,

#### Authorization for Medical Treatment (September 2012-May 2013)

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 any of the aforesaid personnel to obtain for my child named above such medical services as are deemed necessary.

Name of Physician:	Physician Phone:			
Medical Insurance Company:	Insurance Number:			
Parent Signature	Date:			
Home phone:	Parent Cell phone:			
My child has a special medical condition or health concern of which the DRE and teachers should be aware (please be specific for each child):				
Describe:				
St. Philip the Apostle Pa	arish Picture Permission Form			
<b>To GRANT permission for use of your child's pictures:</b> I, Apostle Parish to publish pictures of my child(ren) in parish publications (parish	(print parent name), <b>GRANT</b> permission for St. Philip the bulletins or directory) or in any other local press releases (local newspaper).			
Signature of parent or guardian	Date			
	(print your name), <b>REFUSE</b> to grant permission for St. ons (parish bulletins or directory) or in any other local press releases (local newspaper).			

Signature of parent or guardian _____ Date_____