

# St. Marcelline Faith Formation Family Enrollment Form 2017-2018

Family Last Name: \_\_\_\_\_ Parish ID#: \_\_\_\_\_

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

Please help us keep our mailing costs down by providing your email address (if available). Your email address will be used for Religious Education notifications only and will not be shared/sold/traded with any other organization.

Parent/Guardian #1: Mr. Ms. Mrs. \_\_\_\_\_  
(Please circle one)

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

City, State, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please circle type of phone: Home Work Cell

Religion: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Please circle type of phone: Home Work Cell

Parent/Guardian #2: Mr. Ms. Mrs. \_\_\_\_\_  
(Please circle one)

Mailing Address: \_\_\_\_\_  
(If different than #1 above)

City, State, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please circle type of phone: Home Work Cell

Religion: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Please circle type of phone: Home Work Cell

STUDENT INFORMATION								
Full Name	Gender M or F	Birth Date	Name of School Fall 2017	Grade Fall 2017	Sacraments already Received*			
					B	R	E	C

\*Sacraments Received: B=Baptism R=Reconciliation (Confession) E=Eucharist(Communion) C=Confirmation

Are any of the children listed above NEW TO OUR FORMATION PROGRAM? Please circle one Yes No

For NEW STUDENTS ONLY, on the lines below please print his/her full name and the church at which they were baptized:  
(Please enclose a copy of the baptismal certificate for every NEW STUDENT not baptized at St. Marcelline)

\_\_\_\_\_  
Student's Full Name Church of Baptism Church Location

\_\_\_\_\_  
Student's Full Name Church of Baptism Church Location

\_\_\_\_\_  
Student's Full Name Church of Baptism Church Location

**St. Marcelline Faith Formation  
Family Enrollment Form  
2017-2018** (Continued)

**ELEMENTARY PROGRAM (4-year-old preschool\* through 6<sup>th</sup> Grade)**

Our Elementary Program consists of two parts: A two-week summer-camp-style session just for the children, and six Catholic Family Time (CFT) events which parents and students attend as a family. The two-week summer session is offered twice during the summer. Please "X" your first choice only – you will be notified if your first choice is not available at the time your registration is processed. \*Preschool students must be turning 4 by September 1<sup>st</sup> and fully capable of attending to their own bathroom needs.

Student's Full Name	Gender M of F	Grade in Sept 2017	Early Summer Session June 12-23, 2017 9:00am-11:30am	Late Summer Session July 17-28, 2017 9:00am-11:30am	Homeschool Option
Each <b>Catholic Family Time (CFT)</b> event will be held twice – Friday evening and Saturday morning. Your family is welcome to attend at either time. You will receive an email prior to each event and are requested to RSVP so that adequate supplies can be prepared.			<b>Friday – 7:00pm</b> October 6, November 3, December 1, February 2, March 2, April 6		<b>Saturday – 9:00am</b> October 7, November 4, December 2, February 3, March 3, April 7

**SACRAMENT PREP PROGRAMS**

Our Sacrament Prep Programs are family-based. Students attend with one or both parents. The Sacrament Prep Program is open to students in Grades 2 thru 6, who are registered in our Elementary Program (above). Students must have completed at least one full year and be currently enrolled in their second year of religious education before participating in our Sacrament Prep Program. Reception of the Sacrament of Reconciliation is required prior to First Communion. Classes are offered on Thursday evenings or Saturday mornings. Please "X" your choice for each.

Student's Full Name	Grade in Sept 2017	RECONCILIATION (CONFESSION)		EUCHARIST (FIRST COMMUNION)	
		Reconciliation Service for both sessions is Tuesday, November 28, 7:00pm		Date(s) for our Group Celebration of First Eucharist will be announced at a later date	
		Thursday Evenings Sept. 21, Oct. 19, Nov. 16 6:00pm-8:30pm	Saturday Mornings Sept. 23, Oct. 21, Nov. 18 9:00am-11:30am	Thursday Evenings Jan. 18, Feb. 15 Mar. 15, Apr. 19 6:00pm-8:30pm	Saturday Mornings Jan. 20, Feb. 17 Mar. 17, Apr. 21 9:00am-11:30am

**Registration Deadlines**  
**Elementary – June Session – May 19, 2017**  
**Elementary – July Session – June 23, 2017**

Registration forms received early help to ensure your child's place in your preferred class time. In particular, the June Elementary session fills quickly. Registrations for our June Elementary session cannot be accepted after May 19.

**The Catholic Bishop of Chicago, a Corporation Sole,  
and St. Marcelline Catholic Church  
Emergency/Medical Contact Information  
and Child/Minor Acknowledgement Form  
For Faith Formation Year: June 2017 through May 2018**

Name of Child: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

**Emergency Contact Information:**

**In the event of an emergency, we will attempt to contact you in the following order:**

#1 ( _____ ) Phone #	_____	_____
	Type of Phone (Home/Work/Cell)	Name/Relationship of Person at this phone #
#2 ( _____ ) Phone #	_____	_____
	Type of Phone (Home/Work/Cell)	Name/Relationship of Person at this phone #
#3 ( _____ ) Phone #	_____	_____
	Type of Phone (Home/Work/Cell)	Name/Relationship of Person at this phone #

**Doctor's Name:** \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Is your child/minor allergic to anything? If so please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child/minor taking any medications? If so, please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain any physical/behavioral/emotional concerns that might affect your child's participation in class (e.g., ADD, ADHD, speech/hearing issues, autism, shyness, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child/Minor Acknowledgement Form  
(continued)**

The Catholic Bishop of Chicago (CBC) and St. Marcelline Catholic Church are committed to conducting programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities including athletics. The CBC and St. Marcelline insists the participants follow safety rules and instruction designed to protect the safety of the participants and attendees.

Please recognize that the CBC and St. Marcelline does not carry medical insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a program/activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the CBC or St. Marcelline responsible for payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I or my minor child may sustain as a result of participating in activities connected with this program. If I am responsible for the transportation of my child to and from the event, the use of my personal automobile to transport participants or attendees is not sanctioned by the CBC or St. Marcelline and is my voluntary undertaking. If an Adult Volunteer Driver transports my child to and from an event, it is my understanding that the adult driver has submitted to a background check and has taken Virtus Training. In either case, it is understood and acknowledged by the adult driver that their automobile insurance is primary; the driver will understand and comply with the rules and regulations of the Illinois Motor Vehicle Code; the driver understands and will comply with Federal, State and local laws. During the event(s) and to and from the event(s) the driver will not engage in any inappropriate behavior or activity.

On behalf of myself or child/ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole and St. Marcelline Catholic Church from claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or St. Marcelline Catholic Church officials to secure from a hospital, physician, and/or medical personnel any treatment deemed necessary for minor child's immediate care and agree I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above program details.

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Parent/Guardian Signature

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Date

**St. Marcelline Faith Formation  
Volunteer Form  
2017-2018**

**All employees and volunteers over the age of 18 who are working with the youth of our parish must comply with the Protecting God's Children program mandated by the Archdiocese of Chicago. Volunteers are vital to the success of all Faith Formation programs. Please consider volunteering in one of the following areas:**

I can help in the following program(s):

**Elementary Program** (PreSchool—6th Grade):

- Be a catechist
- Be a classroom helper
- Substitute during my child's class time
- Catholic Family Time (help with organizing craft supplies, room set-up, clean-up, etc.)

**Sacrament Prep Programs** (Reconciliation/Eucharist)

- Be a catechist

**Name** \_\_\_\_\_

**Best way to reach you:**

**Home Phone** \_\_\_\_\_ **Cell/Work Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_

*Office Use Only*

Session \_\_\_\_\_

## St. Marcelline Faith Formation Tuition Calculation/Payment Form 2017-2018

<b>Family Name:</b> _____	<b>Amount Due</b>
<b>Tuition</b>	
1 Child = \$150.00	\$ _____
2 Children = \$200.00	
3 Children = \$240.00	
4 Children = \$270.00	
5+ Children = \$300.00	
<b>Program Fees</b>	
Elementary Fee = \$50.00 per child	+ \$ _____
Sacrament Prep Fee (Reconciliation & First Eucharist) = \$70.00 per child	+ \$ _____
<b>Total Amount Due</b>	= \$ _____

Full payment is expected at the time of registration. You may pay by check, cash, or credit/debit card. If paying with cash, please bring your payment directly to the Parish Administration Center. Please do not send cash through the mail. To pay by credit/debit card, please complete the Credit Card Payment Form—\*\*Visa, MasterCard or Discover are the only credit/debit cards we can accept\*\*. If paying your tuition in full at this time would create a hardship for your family, a monthly payment plan can be arranged by credit/debit card or by automatic debit through Heritage Bank of Schaumburg. **If the financial situation of your family requires other consideration, please call the Parish Administration Center (847)524-4429. We believe that participation in our Faith Formation Program is essential to the spiritual development of every person in the parish, regardless of their ability to pay.**

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*Office Use Only:*      Payment Amt. \_\_\_\_\_      Check No. \_\_\_\_\_      Check Date \_\_\_\_\_