



St. Marcelline Church
Tuition Payment Form
Due no later than July 20, 2017



Family Last Name: _____ **Parish ID#** _____

EDGE Tuition: The tuition for the EDGE Classes is a flat fee of \$100.00 per student. If you have any questions, please contact Howard Grossman, Youth Minister, 847-524-9484

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.

If paying by credit/debit card, please complete the Credit Card Payment Form. Please note: Visa, MasterCard or Discover are the only credit/debit cards we accept.

If paying the tuition in full will create a financial hardship for your family, a monthly payment plan can be arranged. If the financial situation of your family requires other consideration, please call Howard Grossman, Youth Minister, at the Parish Administration Center, 847-524-4429. We believe participation in the Confirmation Program is essential to the spiritual development of every teen, regardless of their ability to pay.

Office Use Only:	Payment Amount:	Check Number:	Check Date:



St. Marcelline Church

Debit/Credit Card Authorization Form



(We only accept Visa, MasterCard or Discover)

To authorize a **one-time tuition payment** to your Visa, MasterCard or Discover account, you may complete the form below and the charge will be entered manually; or you may bring your card to the Parish Administration Center to be processed.

Cardholder Information	Credit Card Information
Name: <small>(As it appears on the card)</small>	Circle Card Type: Visa MasterCard Discover
Address:	Account Number:
City/State/Zip:	Expiration Date:
	Security Code: <small>(3 or 4 digits in back if card)</small>
Payment Information	
Payment authorized in the amount of:	Cardholder Signature:
Date:	

To authorize **monthly tuition payments** to your Visa, MasterCard or Discover, please complete the form below:

Cardholder Information	Credit Card Information
Name: <small>(As it appears on the card)</small>	Circle Card Type: Visa MasterCard Discover
Address:	Account Number:
City/State/Zip:	Expiration Date:
	Security Code: <small>(3 or 4 digits in back if card)</small>
Payment Information	
<p>I authorize St. Marcelline to charge the above credit card in the amount of \$_____</p> <p>monthly on the _____ day of each month beginning (date)_____ until the full</p> <p>balance of \$_____ has been paid.</p>	
Cardholder Signature:	Date:

Heritage Bank of Schaumburg

**RELIGIOUS
EDUCATION -
EDGE**

ON BEHALF OF

ST. MARCELLINE CHURCH

AUTOMATED CHARGE AUTHORIZATION

I hereby authorize Heritage Bank of Schaumburg to debit the following account in agreement to credit the St. Marcelline Church account.

Parishioner Account Information:

PLEASE ATTACH A VOIDED CHECK OR COMPLETE THE FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Financial Institution Routing #: _____

Financial Institution Telephone: _____

Name on Account: _____

Account Number: checking/savings _____

THE FOLLOWING MUST BE COMPLETED

Dollar Amount: _____

Date of Auto Debit: _____

Frequency of Auto Debit: _____ (weekly/biweekly/monthly)

*If the above information needs to be changed, parishioner must terminate this agreement and complete a new authorization form.

This agreement will continue in effect until Heritage Bank of Schaumburg receives written authorization to terminate the auto debit or the account closes.

DATE: _____ **SIGNATURE:** _____

ENVELOPE # _____ **PHONE #** _____

TERMINATION:

Please terminate the above auto debit authorization effective:

DATE: _____ **SIGNATURE:** _____



St. Marcelline Church
Student Contact Information/Authorization
Due no later than July 20, 2017



Please provide the following information for each student enrolling in our Confirmation Program. If you have more than one student, please complete a separate form for each student.

Student's Name: _____

Home Phone: _____

Parent's email address*: _____

Parent's Facebook*: _____

Please complete the following information for the methods of communication which you approve of us using to contact your child. This information will be used by the Youth Minister and your child's catechist, or other designated office personnel to convey information regarding program activities and events. This information will not be shared/sold/traded with any other organization.

Student's Cell Phone: _____

Is texting permitted to this cell phone? _____

Student's email address*: _____

Student's Facebook*: _____

I hereby give permission for my child to be contacted by the forms of communication indicated above:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

*Email addresses will be used to send information regarding Youth Ministry activities and events throughout the year and will not be shared, sold, traded with any other organization. The information will be shared with Adult and Teen Catechist currently volunteering in this program. Parents are encouraged to join the Youth Ministry Facebook account to remain informed of Youth Ministry/Faith Formation activities.

St. Marcelline Church

Permission/Medical Release Form

Due no later than July 20, 2017

**The Catholic Bishop of Chicago, a Corporation Sole and St. Marcelline Catholic Church
Emergency/Medical Contact Information and Child/Minor Acknowledgement Form
For Confirmation and Other Related Programs. Effective: The date of signature - September 1, 2017**

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 and 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.

Parent/Guardian Signature

Date