

Family Faith Formation Registration (2024 - 2025)

Family Information

Family Name: _____ Are you a registered member of Our Lady of Mercy Parish? _____

Address: _____ City: _____ Zip: _____

Primary Email and Cell number where all correspondence will be sent (may list more than one):

Primary Email: _____ Primary Cell: _____

Parent/Guardian 1

First Name: _____

Last Name: _____

Relation: _____ Cell: _____

Email: _____

Parent/Guardian 2

First Name: _____

Last Name: _____

Relation: _____ Cell: _____

Email: _____

Children live with: Both Parents ___ Father ___ Mother ___ Specify Other _____

Parents divorced? ___ Yes ___ No If divorced: (1) Who has legal/religious custody? _____

(2) Non-custodial parent has visitation rights? ___ Yes ___ No (3) Non-custodial parent may pickup children? ___ Yes ___ No

GENERAL PERMISSIONS

I request that my child(ren) be allowed to participate in Family Faith Formation programs. I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish, Our Lady of Mercy Catholic Church, and the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation.

Parent/Guardian initial _____

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring dismissal, I will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.

Parent/Guardian initial _____

Other than parents/guardians, who is allowed to pickup children? _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child/children by the people in charge of the Family & Youth Evangelization & Catechesis programs as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

Parent/Guardian initial _____

MEDICAL INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ I.D.# _____

Authorized Physician: _____

Physician Phone: _____

EMERGENCY CONTACTS

In the event of an emergency please contact:

Name: _____

Phone: _____ Relation: _____

Name: _____

Phone: _____ Relation: _____

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos/photos may be taken during this event. This authorization form constitutes permission for my child(ren)'s participation in video and/or photos which may be used for future promotional efforts including the parish and /or Diocese of Joliet website. Additionally, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw, etc. for the purpose of programmic content.

Parent/Guardian initial _____

Parent/Guardian Signature: _____ Date: _____

Family Faith Formation Registration (2024 - 2025)

COURSE OPTIONS

- SEEK and ROOT - Sunday, 11:15-12:30 - DATES: 9/15, 9/29, 10/13, 10/27, 11/10, 11/24, 12/8, 1/5, 1/19, 2/2, 2/16
 MEND and NOURISH - Saturday, 5:15-6:30 (This time follows the 4 P.M. Saturday Mass) - DATES: 10/5, 11/16, 12/7, 2/8, 3/8, 4/5
 WONDER - Sunday, 9:10-9:55am - DATES: 10/13,10/27,11/10,11/24,12/8, 1/5, 1/19, 2/2,2/16
 WONDER - Wednesday, 6:15-7:30pm - DATES: 10/16/, 10/23, 11/6, 11/20, 12/4, 1/8, 1/22, 2/5,2/12
 EDGE - Monday, 6:30-8:30pm, meets twice a month
 CHOSEN (Year 1) - Sunday, 8:30am OR Sunday, 6:45pm, meets twice a month
 CHOSEN (Year 2) - Sunday, 8:30am OR Sunday, 6:45pm, meets twice a month
 Baptism (7 yrs. - 17 yrs.) (OCIC) - Thursday, 7-8:30pm, meets once a month

Persons with Disabilities and/or Special Needs

- Faith Buddies (5 yrs and up), meets once a month, Spring Session (April, May, June) and Fall Session (September, October, November)
 REACH Faith Formation (grades K-6), Sunday 8:30-9:45am - DATES: 9/22,10/6,10/20,11/3,11/17,12/1,12/15,1/12,1/26,2/9,2/23,3/9,3/23,4/6,4/27
 REACH Sacramental Preparation (7 yrs and up), flexible scheduling

STUDENTS TO ENROLL

Student 1

Name _____

Birth Date _____ Age _____

School Attending in Fall 2024 _____ Grade Entering _____

ALLERGIC TO MEDICATIONS (If YES, please describe):

ALLERGIC TO OTHER:

OTHER CONDITIONS:

Sacraments the Student has Received.

Please check all sacraments that have already been received.
 Baptism (If yes, was child Baptized at Our Lady of Mercy parish? _____)
 Reconciliation Communion/Eucharist Confirmation

Register for all appropriate programs based on the descriptions above.

SEEK & ROOT - Sunday EDGE - Monday
 MEND & NOURISH - Saturday CHOSEN Year 1 - Sunday 8:30am
 WONDER - Wednesday CHOSEN Year 1 - Sunday 6:45pm
 WONDER - Sunday CHOSEN Year 2 - Sunday 8:30am
 Baptism (7 yrs. - 17 yrs.) (OCIC) CHOSEN Year 2 - Sunday 6:45pm

Persons with Disabilities and/or Special Needs

REACH Formation (grades K - 6) Faith Buddies - Spring (5+ yrs)
 REACH Sacramental Prep(7+ yrs) Faith Buddies - Fall (5+ yrs)

Student 2

Name _____

Birth Date _____ Age _____

School Attending in Fall 2024 _____ Grade Entering _____

ALLERGIC TO MEDICATIONS (If YES, please describe):

ALLERGIC TO OTHER:

OTHER CONDITIONS:

Sacraments the Student has Received.

Please check all sacraments that have already been received.
 Baptism (If yes, was child Baptized at Our Lady of Mercy parish? _____)
 Reconciliation Communion/Eucharist Confirmation

Register for all appropriate programs based on the descriptions above.

SEEK & ROOT - Sunday EDGE - Monday
 MEND & NOURISH - Saturday CHOSEN Year 1 - Sunday 8:30am
 WONDER - Wednesday CHOSEN Year 1 - Sunday 6:45pm
 WONDER - Sunday CHOSEN Year 2 - Sunday 8:30am
 Baptism (7 yrs. - 17 yrs.) (OCIC) CHOSEN Year 2 - Sunday 6:45pm

Persons with Disabilities and/or Special Needs

REACH Formation (grades K - 6) Faith Buddies - Spring (5+ yrs)
 REACH Sacramental Prep(7+ yrs) Faith Buddies - Fall (5+ yrs)

Student 3

Name _____

Birth Date _____ Age _____

School Attending in Fall 2024 _____ Grade Entering _____

ALLERGIC TO MEDICATIONS (If YES, please describe):

ALLERGIC TO OTHER:

OTHER CONDITIONS:

Sacraments the Student has Received.

Please check all sacraments that have already been received.
 Baptism (If yes, was child Baptized at Our Lady of Mercy parish? _____)
 Reconciliation Communion/Eucharist Confirmation

Register for all appropriate programs based on the descriptions above.

SEEK & ROOT - Sunday EDGE - Monday
 MEND & NOURISH - Saturday CHOSEN Year 1 - Sunday 8:30am
 WONDER - Wednesday CHOSEN Year 1 - Sunday 6:45pm
 WONDER - Sunday CHOSEN Year 2 - Sunday 8:30am
 Baptism (7 yrs. - 17 yrs.) (OCIC) CHOSEN Year 2 - Sunday 6:45pm

Persons with Disabilities and/or Special Needs

REACH Formation (grades K - 6) Faith Buddies - Spring (5+ yrs)
 REACH Sacramental Prep(7+ yrs) Faith Buddies - Fall (5+ yrs)

Student 4

Name _____

Birth Date _____ Age _____

School Attending in Fall 2024 _____ Grade Entering _____

ALLERGIC TO MEDICATIONS (If YES, please describe):

ALLERGIC TO OTHER:

OTHER CONDITIONS:

Sacraments the Student has Received.

Please check all sacraments that have already been received.
 Baptism (If yes, was child Baptized at Our Lady of Mercy parish? _____)
 Reconciliation Communion/Eucharist Confirmation

Register for all appropriate programs based on the descriptions above.

SEEK & ROOT - Sunday EDGE - Monday
 MEND & NOURISH - Saturday CHOSEN Year 1 - Sunday 8:30am
 WONDER - Wednesday CHOSEN Year 1 - Sunday 6:45pm
 WONDER - Sunday CHOSEN Year 2 - Sunday 8:30am
 Baptism (7 yrs. - 17 yrs.) (OCIC) CHOSEN Year 2 - Sunday 6:45pm

Persons with Disabilities and/or Special Needs

REACH Formation (grades K - 6) Faith Buddies - Spring (5+ yrs)
 REACH Sacramental Prep(7+ yrs) Faith Buddies - Fall (5+ yrs)

Family Faith Formation Registration (2024 - 2025)

Payment Form

Parish Family Name _____

Mother's Full Name _____ Father's Full Name _____

Student Name(s) _____

Tuition and Sacrament Fees (2024-2025)

Early Bird Tuition Fees (only valid **April 10 – June 14** when **pay in full**):

\$155 for family with one child

\$265 for family with two children

\$345 for family with three or more children

Tuition Fees:

\$185 for family with one child

\$295 for family with two children

\$375 for family with three or more children

\$100 Sacrament Preparation Fee (for Baptism, First Reconciliation, or First Communion students)

REACH Tuition and Sacrament Fees (2024-2025)

REACH Faith Formation - \$50

REACH Sacramental Preparation - \$50

Payment Methods

- Cash or written check. Checks payable to 'Our Lady of Mercy' and put 'Family Faith Formation' in the memo line. Pay by cash or check in the Family Faith Formation Office. Or mail check to:
Our Lady of Mercy
Attn: Family Faith Formation Office
701 S Eola Rd
Aurora IL 60504
- Credit Card or Debit payment may be completed on our website:
<https://olmercy.com/family-faith-formation-registration/>

Please indicate (✓) the payment schedule you will follow.

- Full Payment – EARLY BIRD (only valid April 10 – June 14 when pay in full)
Full Payment (plus the sacrament fee if applicable) due with registration.
- Full Payment
Full Payment (plus the sacrament fee if applicable) due with registration.
- Semi Annual Payments - Payments divided in half.
First half payment due with registration.
Second half payment due by January 10, 2025.
- Quarterly Payments - Payments divided into quarters.
First payment due with registration.
Second payment due by November 8, 2024.
Third payment due by January 10, 2025.
Fourth payment due by March 7, 2025.
- Flexible Payment / Financial Assistance – Must turn in request form with registration.

This page must be submitted with the Registration Form.