

Family Faith Formation Registration (2025 - 2026)

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(s): _____ _____ Primary Cell(s): _____
Information - Parent/Guardian 1	
First Name: _____ Middle Name: _____ Last Name: _____ Informal Name: _____ (This name will be used on name tags.) Occupation: _____ Relation to Student: _____ (For Example: Mother, Stepmother, Foster Mother, Grandparent, ...) Email: _____ Cell Phone: _____	
Information - Parent/Guardian 2	
First Name: _____ Middle Name: _____ Last Name: _____ Informal Name: _____ (This name will be used on name tags.) Occupation: _____ Relation to Student: _____ (For Example: Father, Stepfather, Foster Father, Grandparent, ...) Email: _____ Cell Phone: _____	
Other Information	
Children live with: Both Parents _____ Father _____ Mother _____ Specify Other _____ Parent(s): Are Married / Live Together _____ Are Separated _____ Are Divorced _____ Specify Other _____ If parents are divorced, who has legal / religious custody? _____ If parents are divorced, does non-custodial parent have visitation rights? ___Yes ___No Specify Other _____ If parents are divorced, may non-custodial parent pick up children? ___Yes ___No Specify Other _____ Other than parents/guardians, who is allowed to pick up children? _____	
GENERAL PERMISSIONS	CODE OF BEHAVIOR
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 _____	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. <h3 style="text-align: center;">EXPECTATIONS</h3> <ol style="list-style-type: none"> 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. <p>INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.</p> <p>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.</p> Parent/Guardian initial _____
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 _____	
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 _____	

MEDICAL INSURANCE INFORMATION		EMERGENCY CONTACTS	
Our Diocese ask for the information below to assure for child safety when they are in the care of the parish program.		Contact information for who to call in case of an emergency and unable to contact parents.	
Policy in the name of: _____		Name: _____	
Insurance Company: _____		Phone: _____	
Policy Number: _____ I.D.# _____		Relation: _____	
Authorized Physician: _____		Name: _____	
Physician Phone: _____		Phone: _____	
		Relation: _____	
COURSE OPTIONS			
SEEK/ROOT - Sunday, 11:15-12:30		9/21, 10/5, 10/19, 11/2, 11/16, 11/30, 12/7, 1/11, 1/25, 2/8, 2/22, 3/8	
MEND/NOURISH - Saturday, 5:15-6:30		10/25, 11/22, 12/6, 2/14, 3/28, 4/11. Reconciliation Reviews are January 7-12	
MISSION READY - Sunday, 9:05-9:55am		9/21, 10/5, 10/19, 11/2, 11/16, 11/30, 12/7, 1/11, 1/25, 2/8, 2/22, 3/8	
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			
OCIC - Baptism (7 yrs. - 17 yrs.) - Wednesday, meets once a month			
Persons with Disabilities and/or Special Needs			
Faith Buddies (5 yrs and up) - Fall Session (August, September), meets once a month			
Faith Buddies (5 yrs and up) - Spring Session (April, May, June), meets once a month			
REACH Faith Formation (grades K-6) - Sunday 8:30-9:45am		September 22, October 6 & 20, November 3 & 17, December 1 & 15, January 12 & 26, February 9 & 23, March 9 & 23, April 6 & 27	
REACH Sacramental Preparation (7 yrs and up) - Sunday 8:30-9:45am		September 22, October 6 & 20, November 3 & 17, December 1 & 15, January 12 & 26, February 9 & 23, March 9 & 23, April 6 & 27	
Student 1 – School Year 2025-2026			
		Register for all appropriate programs.	
First Name: _____ Middle Name: _____ Last Name: _____		___ SEEK & ROOT – Sunday	
Informal Name: _____ (This name will be used on name tags.)		___ MEND & NOURISH – Saturday	
Birth Date: _____ Grade Entering: _____		___ MISSION READY – Sunday	
School Attending: _____ School District: _____		___ OCIC Year 1 - Baptism (7 yrs. - 17 yrs.)	
		___ EDGE – Monday	
		___ CHOSEN Year 1 - Sunday 8:30am	
		___ CHOSEN Year 1 - Sunday 6:45pm	
		___ CHOSEN Year 2 - Sunday 8:30am	
		___ CHOSEN Year 2 - Sunday 6:45pm	
Sacraments the Student has Received.		Persons with Disabilities and/or Special Needs	
Please check all sacraments that have already been received.		___ REACH Formation (grades K - 6)	
___ Baptism (If yes, was child Baptized at Our Lady of Mercy parish? _____)		___ REACH Sacramental Prep (7+ yrs)	
___ Reconciliation ___ Communion/Eucharist ___ Confirmation		___ Faith Buddies - Fall (5+ yrs)	
		___ Faith Buddies - Spring (5+ yrs)	
ALLERGIC TO MEDICATIONS:		ALLERGIC TO FOOD:	
OTHER CONDITIONS:		ALLERGIC TO OTHER:	
Student 2 – School Year 2025-2026			
		Register for all appropriate programs.	
First Name: _____ Middle Name: _____ Last Name: _____		___ SEEK & ROOT – Sunday	
Informal Name: _____ (This name will be used on name tags.)		___ MEND & NOURISH – Saturday	
Birth Date: _____ Grade Entering: _____		___ MISSION READY – Sunday	
School Attending: _____ School District: _____		___ OCIC Year 1 - Baptism (7 yrs. - 17 yrs.)	
		___ EDGE – Monday	
		___ CHOSEN Year 1 - Sunday 8:30am	
		___ CHOSEN Year 1 - Sunday 6:45pm	
		___ CHOSEN Year 2 - Sunday 8:30am	
		___ CHOSEN Year 2 - Sunday 6:45pm	
Sacraments the Student has Received.		Persons with Disabilities and/or Special Needs	
Please check all sacraments that have already been received.		___ REACH Formation (grades K - 6)	
___ Baptism (If yes, was child Baptized at Our Lady of Mercy parish? _____)		___ REACH Sacramental Prep (7+ yrs)	
___ Reconciliation ___ Communion/Eucharist ___ Confirmation		___ Faith Buddies - Fall (5+ yrs)	
		___ Faith Buddies - Spring (5+ yrs)	
ALLERGIC TO MEDICATIONS:		ALLERGIC TO FOOD:	
OTHER CONDITIONS:		ALLERGIC TO OTHER:	

Student 3 – School Year 2025-2026

Student 3 – School Year 2025-2026	
	Register for all appropriate programs.
First Name: _____ Middle Name: _____ Last Name: _____	<input type="checkbox"/> SEEK & ROOT – Sunday
Informal Name: _____ (This name will be used on name tags.)	<input type="checkbox"/> MEND & NOURISH – Saturday
Birth Date: _____ Grade Entering: _____	<input type="checkbox"/> MISSION READY – Sunday
School Attending: _____ School District: _____	<input type="checkbox"/> OCIC Year 1 - Baptism (7 yrs. - 17 yrs.)
	<input type="checkbox"/> EDGE – Monday
	<input type="checkbox"/> CHOSEN Year 1 - Sunday 8:30am
	<input type="checkbox"/> CHOSEN Year 1 - Sunday 6:45pm
	<input type="checkbox"/> CHOSEN Year 2 - Sunday 8:30am
	<input type="checkbox"/> CHOSEN Year 2 - Sunday 6:45pm
Sacraments the Student has Received.	Persons with Disabilities and/or Special Needs
Please check all sacraments that have already been received. <input type="checkbox"/> Baptism (If yes, was child Baptized at Our Lady of Mercy parish? <input type="checkbox"/>) <input type="checkbox"/> Reconciliation <input type="checkbox"/> Communion/Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> REACH Formation (grades K - 6)
	<input type="checkbox"/> REACH Sacramental Prep (7+ yrs)
	<input type="checkbox"/> Faith Buddies - Fall (5+ yrs)
	<input type="checkbox"/> Faith Buddies - Spring (5+ yrs)
ALLERGIC TO MEDICATIONS:	ALLERGIC TO FOOD:
OTHER CONDITIONS:	ALLERGIC TO OTHER:

Student 4 – School Year 2025-2026

Student 4 – School Year 2025-2026	
	Register for all appropriate programs.
First Name: _____ Middle Name: _____ Last Name: _____	<input type="checkbox"/> SEEK & ROOT – Sunday
Informal Name: _____ (This name will be used on name tags.)	<input type="checkbox"/> MEND & NOURISH – Saturday
Birth Date: _____ Grade Entering: _____	<input type="checkbox"/> MISSION READY – Sunday
School Attending: _____ School District: _____	<input type="checkbox"/> OCIC Year 1 - Baptism (7 yrs. - 17 yrs.)
	<input type="checkbox"/> EDGE – Monday
	<input type="checkbox"/> CHOSEN Year 1 - Sunday 8:30am
	<input type="checkbox"/> CHOSEN Year 1 - Sunday 6:45pm
	<input type="checkbox"/> CHOSEN Year 2 - Sunday 8:30am
	<input type="checkbox"/> CHOSEN Year 2 - Sunday 6:45pm
Sacraments the Student has Received.	Persons with Disabilities and/or Special Needs
Please check all sacraments that have already been received. <input type="checkbox"/> Baptism (If yes, was child Baptized at Our Lady of Mercy parish? <input type="checkbox"/>) <input type="checkbox"/> Reconciliation <input type="checkbox"/> Communion/Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> REACH Formation (grades K - 6)
	<input type="checkbox"/> REACH Sacramental Prep (7+ yrs)
	<input type="checkbox"/> Faith Buddies - Fall (5+ yrs)
	<input type="checkbox"/> Faith Buddies - Spring (5+ yrs)
ALLERGIC TO MEDICATIONS:	ALLERGIC TO FOOD:
OTHER CONDITIONS:	ALLERGIC TO OTHER:

Parent/Guardian Signature: _____ Date: _____

Payment Form

Parish Family Name _____

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

Student Name(s) _____

Prices

Tuition and Sacrament Fees (2025-2026)

Early Bird Tuition Fees (only valid through June 14 and must be paid 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 (2025-2026)

- REACH Faith Formation - \$50
- REACH Sacramental Preparation - \$50

Payment Schedule

Please indicate the payment schedule you will follow:

- ☐ Full Payment – EARLY BIRD (only valid thru June 14 and must be paid 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 November 1, 2025.
- ☐ Quarterly Payments - Payments divided into quarters.
 - First payment due with registration.
 - Second payment due by November 1, 2025.
 - Third payment due by January 10, 2026.
 - Fourth payment due by March 7, 2026.
- ☐ Flexible Payment / Financial Assistance
 - Contact office for form. Must turn in request form within 7 days of registration.

This page must be submitted with the Registration Form.

How Do I Make a Payment?

Payments can be made:

- Online with a debit/credit card or with PayPal
- With a check sent through the mail
- In person with a check or cash

Online with a debit/credit card or with PayPal

If you would like to pay your balance online, use the QR Code or visit: www.olmonlinepayment.com



Or if you go to the Our Lady of Mercy website (www.olmercy.com), you can browse to the payment page.

The website has a new look and feel to it, and it will take us all awhile to get used to finding everything again.

- Select **Learn with Us**
- Select **Faith Formation**
- Scroll down the page until you reach the **Family Formation Registration and Payment** button.
- Select the **Pay Here** button
- That will take you to the payment site (<https://www.olmonlinepayment.com/>)

Pay with a Check Through the Mail

Make check payable to **Our Lady of Mercy** and write '**Family Faith Formation**' in the memo line.

Send your check to:

Our Lady of Mercy Catholic Church
Attn: Faith Formation Office
701 S. Eola Rd.
Aurora, IL 60504

OR there is an after-hours secure drop box outside the Family Faith Formation office door for your convenience.

Pay in Person with Check or Cash

Make your cash/check payment in the Faith Formation Office. If you are paying by check, make the check payable to **Our Lady of Mercy** and write '**Family Faith Formation**' in the memo line.

Error in Statement OR Need Financial Assistance

If you feel there is a discrepancy in the amount due or if you are experiencing financial hardship and would like a full or partial tuition waiver, please contact Karen Schwartz in the Family Faith Formation Office:

Karen Schwartz
Family Faith Formation Administrative Assistant
karens@olmercy.com
(331)707-5369