

## REACH Registration (2026 - 2027)

### Family Information

Family Name: _____ Are you a registered member of Our Lady of Mercy Parish? _____ My Home Parish is _____ OLM Parishioner? <input type="checkbox"/> Registered Parishioner at Our Lady of Mercy (OLM) <input type="checkbox"/> Family attends OLM regularly, but is not registered at OLM <input type="checkbox"/> Family attends different parish, but participates at OLM <input type="checkbox"/> Family is new to area and has not selected church yet <input type="checkbox"/> Other: _____ NOTE: Your answer will not affect your registration. We welcome everyone. But please answer honestly, so we can correctly add you to our databases. Thank you.	Primary Email and Cell number where all correspondence will be sent (may list more than one): Primary Email(s): _____ _____ Primary Cell(s): _____ Address: _____ City: _____ Zip: _____
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### 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

I request that my child(ren) be allowed to participate in REACH – Special Needs 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 \_\_\_\_\_

#### 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 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 \_\_\_\_\_

CODE OF BEHAVIOR	MEDICAL INSURANCE INFORMATION		
<p>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.</p> <p style="text-align: center;"><b>EXPECTATIONS</b></p> <ol style="list-style-type: none"> <li>All participants are expected to arrive on time.</li> <li>All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.</li> <li>Socializing should always be done in public areas.</li> <li>Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.</li> <li>The possession or consumption of any alcoholic beverages is prohibited.</li> <li>The possession of any illegal substances is prohibited and subject to legal action.</li> <li>Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.</li> <li>Weapons and/or drug paraphernalia are prohibited.</li> </ol> <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 and all costs assessed by local authorities.</p> <p>Parent/Guardian initial _____</p>	<p>Our Diocese ask for the information below to assure for child safety when they are in the care of the parish program.</p> <p>Policy in the name of: _____</p> <p>Insurance Company: _____</p> <p>Policy Number: _____ I.D.# _____</p> <p>Authorized Physician: _____</p> <p>Physician Phone: _____</p> <tr> <th style="background-color: #fff9c4;">EMERGENCY CONTACTS</th> </tr> <tr> <td> <p>Contact information for who to call in case of an emergency and unable to contact parents.</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Relation: _____</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Relation: _____</p> </td> </tr>	EMERGENCY CONTACTS	<p>Contact information for who to call in case of an emergency and unable to contact parents.</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Relation: _____</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Relation: _____</p>
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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>COURSE OPTIONS (2026-2027 School Year)</b>	
REACH Faith Formation (grades K-8) - Sunday 8:30-9:45am	9/20, 10/4, 10/18, 11/1, 11/15, 12/6, 12/20, 1/10, 1/24, 2/7, 2/21, 3/7, 3/21, 4/4, 4/18
REACH Sacramental Preparation (7 yrs and up) - Sunday 8:30-9:45am	10/18, 11/1, 11/15, 12/6, 12/20, 1/10, 1/24, 2/7, 2/21, 3/7, 3/21, 4/4
<b>Faith Buddies</b>	
Faith Buddies (5+ yrs) - Spring 2026 Session, meets once a month	May 31, June 28
Faith Buddies (5+ yrs) - Fall 2026 Session, meets once a month	August 9, September 13
Faith Buddies (5+ yrs) - Spring 2027 Session, meets once a month	May 23, June 27
<b>The Buddy Social</b>	
The Buddy Social (18+ yrs) – Summer 2026 Session, meets for three social events	TBA
The Buddy Social (18+ yrs) - Fall 2026 Session, meets for three social events	TBA
The Buddy Social (18+ yrs) – Winter 2027 Session, meets for three social events	TBA
The Buddy Social (18+ yrs) - Spring 2027 Session, meets for three social events	TBA

**Prices - REACH Fees (2026-2027)**

- REACH Faith Formation Tuition Fee - \$75
- REACH Sacramental Preparation Tuition Fee - \$75
- REACH Faith Buddies Fee - \$0
- REACH The Buddy Social Fee (Summer 2026) - \$50
- REACH The Buddy Social Fee (Fall 2026) - \$50
- REACH The Buddy Social Fee (Winter 2027) - \$50
- REACH The Buddy Social Fee (Spring 2027) - \$50

## Student 1 – School Year 2026-2027

Register for all appropriate programs.	
First Name: _____ Middle Name: _____ Last Name: _____  Informal Name: _____ (This name will be used on name tags.)  Birth Date: _____ Grade Entering: _____  School Attending: _____ School District: _____	<input type="checkbox"/> REACH Formation (grades K - 8) <input type="checkbox"/> REACH Sacramental Prep (7+ yrs)  <input type="checkbox"/> Faith Buddies - <b>Spring 2026</b> (5+ yrs) <input type="checkbox"/> Faith Buddies - <b>Fall 2026</b> (5+ yrs) <input type="checkbox"/> Faith Buddies - <b>Spring 2027</b> (5+ yrs)  <input type="checkbox"/> The Buddy Social – <b>Summer 2026</b> (18+) <input type="checkbox"/> The Buddy Social – <b>Fall 2026</b> (18+) <input type="checkbox"/> The Buddy Social – <b>Winter 2027</b> (18+) <input type="checkbox"/> The Buddy Social – <b>Spring 2027</b> (18+)
Sacraments the Student has Received.	Conditions
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"/> Reconciliation <input type="checkbox"/> Communion/Eucharist <input type="checkbox"/> Confirmation	Please list any medications the individual is currently taking:
DisABILITY of the Individual (If Known):	ALLERGIC TO MEDICATIONS:
Please describe the individual's gross motor skills and any accommodations needed to support him/her:	ALLERGIC TO FOOD:
Please describe the individual's fine motor skills and any accommodations needed to support him/her:	ALLERGIC TO OTHER:
Please describe the individual's mobility and any accommodations needed to support him/her:	Does the individual have any hearing impairments? If yes, please describe.
Please describe the individual's feeding habits (e.g. independent, feeding tube, sensitive to certain textures, straw drinking, open cup drinking, use of utensils, etc.):	Does the individual have any visual impairments? If yes, please describe.
Please describe the individual's way of communicating with others (e.g. verbal, non-verbal, sign language, gestures, communication device, etc.):	The individual requires:  <input type="checkbox"/> No assistance using the bathroom  <input type="checkbox"/> Some assistance using the bathroom  <input type="checkbox"/> Total assistance using the bathroom
What are your child's areas of interests, strengths and hobbies?	Please list anything else you would like us to know about your child:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student 2 – School Year 2026-2027

Register for all appropriate programs.	
First Name: _____ Middle Name: _____ Last Name: _____  Informal Name: _____ (This name will be used on name tags.)  Birth Date: _____ Grade Entering: _____  School Attending: _____ School District: _____	<input type="checkbox"/> REACH Formation (grades K - 8) <input type="checkbox"/> REACH Sacramental Prep (7+ yrs)  <input type="checkbox"/> Faith Buddies - <b>Spring 2026</b> (5+ yrs) <input type="checkbox"/> Faith Buddies - <b>Fall 2026</b> (5+ yrs) <input type="checkbox"/> Faith Buddies - <b>Spring 2027</b> (5+ yrs)  <input type="checkbox"/> The Buddy Social – <b>Summer 2026</b> (18+) <input type="checkbox"/> The Buddy Social – <b>Fall 2026</b> (18+) <input type="checkbox"/> The Buddy Social – <b>Winter 2027</b> (18+) <input type="checkbox"/> The Buddy Social – <b>Spring 2027</b> (18+)
Sacraments the Student has Received.	Conditions
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"/> Reconciliation <input type="checkbox"/> Communion/Eucharist <input type="checkbox"/> Confirmation	Please list any medications the individual is currently taking:
DisABILITY of the Individual (If Known):	ALLERGIC TO MEDICATIONS:
Please describe the individual's gross motor skills and any accommodations needed to support him/her:	ALLERGIC TO FOOD:
Please describe the individual's fine motor skills and any accommodations needed to support him/her:	ALLERGIC TO OTHER:
Please describe the individual's mobility and any accommodations needed to support him/her:	Does the individual have any hearing impairments? If yes, please describe.
Please describe the individual's feeding habits (e.g. independent, feeding tube, sensitive to certain textures, straw drinking, open cup drinking, use of utensils, etc.):	Does the individual have any visual impairments? If yes, please describe.
Please describe the individual's way of communicating with others (e.g. verbal, non-verbal, sign language, gestures, communication device, etc.):	The individual requires:  <input type="checkbox"/> No assistance using the bathroom <input type="checkbox"/> Some assistance using the bathroom <input type="checkbox"/> Total assistance using the bathroom
What are your child's areas of interests, strengths and hobbies?	Please list anything else you would like us to know about your child:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

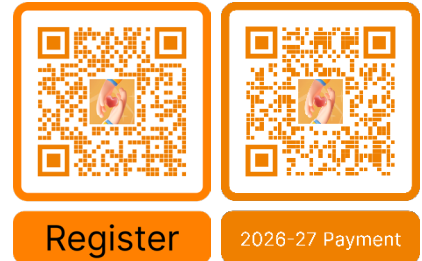
# How Do I Make a Payment?

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: [2026-27 Payment Page](#)



Or if you go to the Our Lady of Mercy website ([www.olmercy.com](http://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 **REACH – Special Needs**
- Scroll down the page until you reach the **REACH Payments** button.
- That will take you to the payment site.

## **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 (Religious Education) 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.

## **Need Financial Assistance**

If you are experiencing financial hardship and would like a full or partial fee waiver, then on the payment page (see above) select the **Financial Assistance** button.

## **Error in Statement**

If you feel there is a discrepancy in the amount due, please contact Karen Schwartz in the Family Faith Formation Office:

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