

Family Faith Formation Registration (2026 - 2027)

Family Information	
Family Name: _____ Are you a registered member of Our Lady of Mercy Parish? _____ My Home Parish is _____ OLM Parishioner? ____ Registered Parishioner at Our Lady of Mercy (OLM) ____ Family attends OLM regularly, but is not registered at OLM ____ Family attends different parish, but participates at OLM ____ Family is new to area and has not selected church yet ____ 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: _____

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: _____ Requests: ____ Spanish materials instead of English materials when available. ____ Spanish parent group tables when available.

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: _____ Requests: ____ Spanish materials instead of English materials when available. ____ Spanish parent group tables when available.

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 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 _____

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 programmatic content. Parent/Guardian initial _____

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;">EXPECTATIONS</p> <ol style="list-style-type: none"> All participants are expected to arrive on time. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated. Socializing should always be done in public areas. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values. The possession or consumption of any alcoholic beverages is prohibited. The possession of any illegal substances is prohibited and subject to legal action. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited. 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 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: #e1eef6;">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: _____

COURSE OPTIONS	
SEEK/ROOT - Sunday, 11:15-12:30	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
MEND/NOURISH - Saturday, 5-6:45pm	Classes: 10/3, 11/7, 12/5, 2/6, 3/13 and Retreat: 4/10. Reconciliation Reviews are January 14-21. Wednesday At Church Support: 10/7, 11/11, 12/9, 2/17, 3/3, 3/17, 3/31, 4/14. Saturday At Church Support: 10/17, 11/14, 12/12, 2/13, 3/6, 3/20, 4/3, 4/17.
MISSION READY "Sent" - Wednesday, 6:30-8pm	Classes: 10/14, 11/18, 12/16, 1/13, 2/24 Events: Dec 9, Jan 3, Mar 10
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	
REFUGE – High School Youth Group	
OCIC (Year 1) - Baptism (7 yrs. - 17 yrs.) - Thurs 5:45-6:45pm, meets once a month	9/14, 10/22, 11/19, 12/10, 1/21, 2/11, 2/25, 3/4
OCIC (Year 2) - Baptism (7 yrs. - 17 yrs.) – Thurs 6:45-7:45pm, meets once a month	9/24, 10/22, 11/19, 12/10, 1/21, 2/11, 2/25, 3/4

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: _____ Cell Phone (High School students only): _____ Email (High School students only): _____	<input type="checkbox"/> SEEK/ROOT – Sunday <input type="checkbox"/> MEND/NOURISH – Saturday <input type="checkbox"/> MISSION READY “Sent” – Wednesday <input type="checkbox"/> OCIC Year 1 - Baptism (7 yrs. - 17 yrs.) <input type="checkbox"/> OCIC Year 2 - 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 <input type="checkbox"/> REFUGE (High School Youth Group)
Sacraments the Student has Received.	
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	
ALLERGIC TO MEDICATIONS:	ALLERGIC TO FOOD:
OTHER CONDITIONS:	ALLERGIC TO OTHER:

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: _____ Cell Phone (High School students only): _____ Email (High School students only): _____	<input type="checkbox"/> SEEK/ROOT – Sunday <input type="checkbox"/> MEND/NOURISH – Saturday <input type="checkbox"/> MISSION READY “Sent” – Wednesday <input type="checkbox"/> OCIC Year 1 - Baptism (7 yrs. - 17 yrs.) <input type="checkbox"/> OCIC Year 2 - 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 <input type="checkbox"/> REFUGE (High School Youth Group)
Sacraments the Student has Received.	
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	
ALLERGIC TO MEDICATIONS:	ALLERGIC TO FOOD:
OTHER CONDITIONS:	ALLERGIC TO OTHER:

Parent/Guardian Signature: _____ Date: _____

Student 3 – 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: _____ Cell Phone (High School students only): _____ Email (High School students only): _____	<input type="checkbox"/> SEEK/ROOT – Sunday <input type="checkbox"/> MEND/NOURISH – Saturday <input type="checkbox"/> MISSION READY “Sent” – Wednesday <input type="checkbox"/> OCIC Year 1 - Baptism (7 yrs. - 17 yrs.) <input type="checkbox"/> OCIC Year 2 - 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 <input type="checkbox"/> REFUGE (High School Youth Group)
Sacraments the Student has Received.	
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	
ALLERGIC TO MEDICATIONS:	ALLERGIC TO FOOD:
OTHER CONDITIONS:	ALLERGIC TO OTHER:

Student 4 – 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: _____ Cell Phone (High School students only): _____ Email (High School students only): _____	<input type="checkbox"/> SEEK/ROOT – Sunday <input type="checkbox"/> MEND/NOURISH – Saturday <input type="checkbox"/> MISSION READY “Sent” – Wednesday <input type="checkbox"/> OCIC Year 1 - Baptism (7 yrs. - 17 yrs.) <input type="checkbox"/> OCIC Year 2 - 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 <input type="checkbox"/> REFUGE (High School Youth Group)
Sacraments the Student has Received.	
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	
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 (2026-2027)

Early Bird Tuition Fees (only valid through June 30, 2026 and must be paid in full by June 30, 2026):

- \$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 Mission Ready "Sent" Fee (Fee is per family registered for Mission Ready instead of tuition fee)

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

\$175 Discovery Retreat Fee (Additional fee for Chosen Year 2 students)

\$0 Refuge (High School Youth Group)

Payment Schedule

Please indicate the payment schedule you will follow:

EARLY BIRD TUITION – PAYMENTS

NOTE: Only valid thru June 30, 2026 and must be paid in full by June 30, 2026.

- One Payment
 - Full Payment due with registration.
- Two Payments
 - First Payment due with registration.
 - Second Payment due before June 30, 2026.

REGULAR TUITION & FEES – PAYMENTS

- Full Payment
 - Full Payment due with registration.
- Semi Annual Payments - Payments divided in half.
 - First half payment due with registration.
 - Second half payment due by November 1, 2026.
- Quarterly Payments - Payments divided into quarters.
 - First payment due with registration.
 - Second payment due by November 1, 2026.
 - Third payment due by January 10, 2027.
 - Fourth payment due by March 1, 2027.
- 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.

A New Step in Registration: Rooted in Relationship with Christ and Community

***For Year 1 SEEK & ROOT Families and Families with Students in Grade 6 – Age 17 seeking First Communion.**

As we begin a new year of faith formation, we are placing a special emphasis on something we believe matters most: relationship.

To help ensure that your family's formation experience is meaningful and well-supported, we invite each family to begin with a *Family Chat*.

These brief, relaxed conversations are an opportunity for us to get to know your family— favorite activities, interests, how you came to choose OLM, and a hope for the new school year.

Just as importantly, the family chat is a chance for you to ask questions, receive guidance, and learn more about all our parish has to offer. Whether you're looking for clarity on sacraments, insight into one of our faith programs, or simply wondering where to begin, we are here, ready to listen and give you the information you're seeking about our distinct family model!

We would love to have you sign up for your Family Chat today as part of this registration process. To date, our family chats have shown to be a mutual blessing and the most meaningful way to start our faith formation journey together.

When we take time to connect first, we are better able to support, guide, and build a true sense of community together. Our goal is not simply to enroll students-- it is to accompany families.

We are hopeful you will choose to participate in a Family Chat before our first session in late September or October, as it lays a solid foundation for our year ahead.

Would you like to speak to Mary Jo prior to signing up for a Family Chat? Please call 331.707.5378. Mary Jo is the Director of Family Faith Formation, K - Grade 5 and First Communion preparation for Grade 2 thru Age 17.

I'm ready to sign up for a Family Chat here.

Book Your Family Chat Here



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: [Faith Formation \(2026-2027\) Payments](#)



FFF Payment

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 **Register** button.
- Select the **Pay Here** button
- That will take you to the payment site <https://olmercy.com/faith-formation-registration-payments/2026-27-payment-page/>

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.

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
(331)707-5369