

**FAMILY REGISTRATION FORM FOR 2024/2025 SCHOOL YEAR**  
**ST. PHILIP THE APOSTLE RELIGIOUS EDUCATION PROGRAM**

Family Name \_\_\_\_\_ Dad's Name \_\_\_\_\_ Mom's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Mom's Cell \_\_\_\_\_  
 Dad's Work \_\_\_\_\_ Mom's Work \_\_\_\_\_  
 Dad's Email \_\_\_\_\_ Mom's Email \_\_\_\_\_

**Our primary form of communication with families will be an automated message system.**  
**Please indicate which method of communication you prefer to receive:**

Phone Call to \_\_\_\_\_ E-mail to \_\_\_\_\_ @ \_\_\_\_\_ Text to \_\_\_\_\_

Please enter information for each of your children who will be attending the 2024/2025 religious education program classes or who will be participating in the home study program. **If you are registering a student who did not attend the religious education program last year, you will need to provide your child's baptismal certificate.**

Returning (R) or New Student (N)	Last Name, First Name of Enrolling Student	Gender Male (M) or Female (F)	Birthdate MM/DD/YY	Grade in 2024/2025	Home Study (HS) or RE Classes (RE)
R ___ or N ___		M ___ or F ___			HS ___ or RE ___
R ___ or N ___		M ___ or F ___			HS ___ or RE ___
R ___ or N ___		M ___ or F ___			HS ___ or RE ___
R ___ or N ___		M ___ or F ___			HS ___ or RE ___

**FEE BREAKDOWN**

**METHOD OF PAYMENT (Office Use Only)**

DATES & CONDITIONS	1 CHILD	2 CHILDREN	3+ CHILDREN
Registered & entire fee paid by July 1, 2024	\$200	\$290	\$335
Registered by July 1, 2024; fees being paid in installments	\$220	\$310	\$355
Registered after July 1, 2024; fees paid in full at registration	\$250	\$340	\$385
Registered after July 1, 2024; fees being paid in installments.	\$270	\$360	\$405
Sacramental Fees for Grades 2 & 8	\$40 fee covers extra texts, retreats, meetings, and Sacramental supplies.		

Date	Check (#) or Credit/Debit Card (Visa, MC)	Amount	Balance
Date Registration Received (office use only):			

**TOTAL FEE DUE:** \_\_\_\_\_

\_\_\_ We will pay the registration fee of \$100 and pay the remainder of the fee in installments.  
 \_\_\_ We will pay the registration fee of \$100, and we would like the RE Director to call us to discuss our financial situation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL EMERGENCY FORM UPDATE FOR 2024/2025**

This form updates my original permission form for the child/children listed below who are registered in the RE Program to receive emergency treatment if I cannot be contacted while they are attending religious education classes at St. Philip the Apostle Parish. I agree to the terms of the original statement.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please list children's names below and any issues that may impact on their religious education experience.**

Child's Name	Medical problem, allergies, or learning disability

Please list an emergency name and phone number if parents cannot be reached at the phone numbers listed on the front of this form:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**PICTURES/VIDEO PERMISSION:**

Pictures/videos of the religious education students may be taken during the school year for publicity or information purposes to advertise events in the parish. The pictures may be posted on the parish website, the parish bulletin boards, in parish publications and/or newspapers (local or diocesan). We assume your permission is given to use these photos for publicity and information purposes unless you notify the Religious Education Office by calling 630-543-1754. Please check that you understand this policy:

**ACKNOWLEDGEMENT OF RECEIPT OF DIOCESAN  
SAFE ENVIRONMENT PARENT RESOURCE INFORMATION FOR 2024/2025**

I acknowledge that I have received the **Practical Advice for Parents on Preventing Child Sexual Abuse** flyer. This flyer and other literature offered by the diocese about standards of behavior may be read at <https://www.st-phil.org/re-program-registration.html> (Steps 8-10).

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interested in volunteering in the Religious Education Program?**

Please check any of the volunteer opportunities below that interest you:

- Grades K-5 Catechist (Wednesday, 4:15-5:45 p.m.)
  - Grades K-5 Classroom Aide (Wed., 4:15-5:45 p.m.)
  - Grades 6-8 Catechist (Wednesday, 6:45-8:15 p.m.)
  - Grades 6-8 Classroom Aide (Wed., 6:45-8:15 p.m.)
  - Office Manager  4:15 p.m. or  6:45 p.m.
  - Door Security  4:15 p.m. or  6:45 p.m.
  - Hospitality & Set-up/Clean-up at RE Events
  - Kitchen Ministry
  - Decorating for RE Events
  - Summer Vacation Bible School
  - I have taken a Protecting God's Children class.
  - I need to take a Protecting God's Children class.
- Name: \_\_\_\_\_  
Primary contact phone #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_  
Comments: \_\_\_\_\_

Please return your completed form (**front and back**) and payment to the Religious Education Office at 1233 W. Holtz Avenue in Addison, IL 60101. Checks should be made payable to St. Philip the Apostle RE Program. If you are registering a **new student**, please fill out a student information card and provide a copy of your child's baptismal certificate.