

**OUR LADY OF THE WAYSIDE RELIGIOUS EDUCATION
REGISTRATION FORM 2019-2020
847-398-5011 repsecretary@olwparish.org**

OFFICE ONLY

TUITION
Grades 1-8 Per child \$ 280.00
Non-Parish Fee (per family per year) \$ 300.00
(plus tuition amount)

FEES
First Reconciliation - Grade 2 \$ 50.00
First Eucharist - Grade 2 \$ 75.00
Personal Bible - Grade 6 \$ 15.00
Retreat Grade 7 \$ 75.00
Confirmation - Grade 8 \$130.00

Non-Volunteer Fee \$150.00
Late Registration Form Fee \$ 60.00

OFFICE ONLY

Amount Rec _____
Check # _____
Date _____
Bal _____

Amount Rec _____
Check # _____
Date _____
Bal _____

Family Name _____
Parish Number _____
Non-P Fee _____
Tuition _____
Sacrament Fees _____
Other Fees _____
Late Reg _____ Non-Vol _____
Total _____

Amount Rec. _____
Check # _____
Date _____
Bal. _____

IMPORTANT: The Registration Form, Volunteer Form, and payment of at least 50% of the total of tuition and fees are due by April 30, 2019. A late Registration Fee of \$60.00 will be charged for forms, tuition, and fees received after April 30. The balance of tuition and fees is due before or on the first scheduled class of the year. Families in need of tuition assistance should contact the Religious Education Office. The Registration Form and Volunteer Form must be completed and returned by the due date, April 30 in order to reserve a place for your child in class and to avoid the late registration fee.

Please Print
FAMILY NAME _____ ADDRESS _____
Primary E-Mail _____ Primary Phone _____

FATHER'S INFORMATION (Address needed if different from child)
First Name _____ MI _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Religion _____ Marital Status _____ Home Phone (_____) _____ Cell Phone(_____) _____

MOTHER'S INFORMATION (Address needed if different from child)
First Name _____ MI _____ Last Name _____
Maiden Name _____
Address _____
City _____ State _____ Zip _____
Religion _____ Marital Status _____ Home Phone (_____) _____ Cell Phone(_____) _____

EMERGENCY INFORMATION

Father's Employer _____	Phone _____	Work Email _____
Mother's Employer _____	Phone _____	Email _____
Emergency Contact, other than parent _____	Phone _____	
(Relationship to child) _____		

Emergency Consent: If the parents (or guardians) cannot be contacted in case of serious injury or illness, I authorize the Religious Ed. Program to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or medical center. As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This is valid for the School Year September 2019-April 2020

Date _____ Signature-Parent or Legal Guardian _____

PLEASE COMPLETE THE REVERSE SIDE

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CHILD # 1 **Grade in REP 19-20** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___ / ___ / ___ School attending _____ **Grade in School 19-20** _____

Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? **Yes** ___ **No** ___

If yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:

Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd ___ **Yes** ___ **No** ___ **Date** _____

****If your child was baptized at Our Lady of the Wayside please indicate date here** _____.

CHILD #2 **Grade in REP 19-20** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___ / ___ / ___ School attending _____ **Grade in School 19-20** _____

Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? **Yes** ___ **No** ___

If yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:

Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd ___ **Yes** ___ **No** ___ **Date** _____

****If your child was baptized at Our Lady of the Wayside please indicate date here** _____.

CHILD #3 **Grade in REP 19-20** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___ / ___ / ___ School attending _____ **Grade in School - 19-20** _____

Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? **Yes** ___ **No** ___

If yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:

Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd ___ **Yes** ___ **No** ___ **Date** _____

****If your child was baptized at Our Lady of the Wayside please indicate date here** _____.

PLEASE RETURN THIS COMPLETED FORM WITH YOUR REGISTRATION FORM
EVERY FAMILY IS EXPECTED TO SERVE IN SOME WAY.

OUR LADY OF THE WAYSIDE REP VOLUNTEER COMMITMENT FORM 2019-2020
If you are not volunteering, please attach your check in the amount of \$150.00 to this form.

Volunteer Parent's Name _____ E-Mail _____
Last _____ First _____ Home Phone _____
Cell Phone _____
Address _____

_____ **I WOULD LIKE TO TEACH A RELIGIOUS EDUCATION CLASS:**
(Please state your grade preference)

_____ Grades 1-4 Tuesdays 4:00-5:15 (every week)
_____ Grades 5-6 Tuesdays 7:00-8:30 (every other week)
_____ Grades 7-8 Tuesdays 7:00-8:30 (every other week)

_____ **Adult Catechist Assistants for the Year 2019-2020 - Grade Level or Levels** _____

_____ **Substitute Catechists – Preference of Grades** _____

_____ **Record Attendance and Assist in Office Weekly Elementary School (Grades 1-4) 4:00-5:15**
(or can be co-shared with another parent for every other week)

Record Attendance and Assist in Office on Alternating Weeks (This is For a Full Year)

_____ **Middle School (Grades 5-6) 7:00-8:30**
_____ **Middle School or Elementary School (Grades 7-8) 7:00-8:30**

Safety Patrol (2-3 times a year) Tuesdays Grades 1-4
_____ **Before Class - 3:45-4:10** _____ **After Class - 5:10-5:30**

Safety Patrol (1-2 times a year) Tuesdays Grades 5-6
_____ **Before Class - 6:45-7:10** _____ **After Class - 8:30-8:50**

Safety Patrol (1-2 times a year) Tuesdays Grades 7-8
_____ **Before Class - 6:45-7:10** _____ **After Class - 8:30-8:50**

Hall Monitors: On duty during the class period for security purposes. Volunteers will be assigned 1-2 class dates a year:

_____ **Grades 1-4 - 4:00-5:15** _____ **Grades 5-6 - 7:00-8:30** _____ **Grades 7-8 - 7:00-8:30**

Sign-Up for Open House will include being a Substitute for Safety Patrol if necessary.

_____ **Beginning-of-the-Year Open House (Grades 1-4) Direct Parents and Children to classrooms.**
_____ **Beginning-of-the-Year Open House (Grades 5-6) Direct Parents and Children to classrooms.**
_____ **Beginning-of-the-Year Open House (Grades 7-8) Direct Parents and Children to classrooms.**

_____ **Confirmation Reception Coordinators (REP Seventh Grade Parents): Organize, plan, and facilitate the reception with School Seventh Grade Parents.**

_____ **Chastity Evening Program – Grade 8 Parents – Coordinate Refreshments Fr. Mackin Center (set-up, serve, clean-up) (Required Program for eighth graders and parents once a year, usually in month of November.)**