

Mary, Mother of Divine Grace Parish
Religious Education Program
Registration Form
2021 - 2022

Mary, Mother of Divine Grace Parish will continue to have ONE Religious Education Program for the year 2021/2022. The location will be at the Divine Infant School building at address: 1640 New Castle Avenue, Westchester, IL. 60154.

*This Registration Form is for **RETURNING** students only (those who have attended our RE Program On-line this year 2020-2021). Please download this form, complete it, scan it and send it as an attached file to the Religious Education Office Email at cnantaba@archchicago.org. A Registration Fee of **\$40** is due at the time of Registration, and the rest of the Tuition/Fees should be paid following the payment options listed at the last page of this form. Please make checks payable to Mary, Mother of Divine Grace Parish and mail it to the Parish Business Office at Address 2550 Mayfair Avenue, Westchester, IL 60154. Thank you!*

STUDENT INFORMATION

1. Child's Name: _____

First

Middle

Last

Address: _____

City/State/Zip: _____

Child's Birth Date: _____

Home Phone: (_____) _____

Family Email: _____

Name/City of Public School: _____

Grade in September of 2021: _____

Gender: Male _____ Female _____

RE Registration Form for **RETURNING STUDENTS!**

2. **Child's Name:** _____

First

Middle

Last

Child's Birth Date: _____

Name/City of Public School _____

Grade in September of 2021 _____

Gender: Male _____ Female _____

3. **Child's Name:** _____

First

Middle

Last

Child's Birth Date: _____

Name/City of Public School _____

Grade in September of 2021 _____

Gender: Male _____ Female _____

4. **Child's Name:** _____

First

Middle

Last

Child's Birth Date: _____

Name/City of Public School _____

Grade in September of 2021 _____

Gender: Male _____ Female _____

FAMILY INFORMATION:

We are REGISTERED at ___Mary, Mother of Divine Grace Parish (DI or DP)
Envelope # _____

We are registered at another parish: _____
_____We are NOT REGISTERED at any parish

RE Registration Form for **RETURNING STUDENTS!**

MOTHER'S INFORMATION

First Name Last Name Maiden Name
Address _____
(if different from child's)
Home phone _____ Cell Phone _____
Work Phone _____ RELIGION _____
Email Address: _____

FATHER'S INFORMATION

First Name Last Name
Home Phone _____ Cell Phone _____
Work Phone _____ RELIGION _____
Email Address: _____

LEGAL GUARDIAN INFORMATION

Name _____ *If parents are separated, divorced or deceased, or if the child lives with someone other than the natural parents or if there are other special circumstances, use this space to describe the situation:*

EMERGENCY/MEDICAL INFORMATION:

Please indicate which child...if needed please use a separate sheet of paper.

Child's Name: _____

Does your child have any special needs, e.g. medication, allergies?

Is your child enrolled in special education classes? Have a learning disability or physical handicap? If yes, please explain.

IF YOU cannot be reached in an emergency, whom can we contact?

_____ (_____) _____

Name Phone Number **INCLUDING** area code

Relationship to child: _____

=====

**Mary, Mother of Divine Grace Parish
Religious Education Program
Westchester, IL 60154
2021 - 2022 School Year**

Dear Parent/Guardian,

The following release forms must be signed and kept in your child's file.
Please complete each section and return this sheet to the office at the time of
registration. (A copy must be signed each year.)

Thank you,
Sr. Christine Nantaba, IHMR
Religious Education Administrator

I hereby give permission for my child _____ to
participate in the Religious Education Program at Mary, Mother of Divine Grace Parish.
I understand that this may include some physical and outdoor activities. I hereby release
and indemnify Mary, Mother of Divine Grace Parish, its staff and volunteers, and the
Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from
claims of any kind or nature whatsoever from my child's participation in this program.

Parent/Guardian Signature

Date

AUTHORIZATION FOR MEDICAL TREATMENT:

In the event that the undersigned, or my authorized physician, cannot be reached, and in
the judgment of the Director of Religious Education (or other appropriate staff member),
there is a necessity for immediate examination and/or treatment of my child, I hereby
authorize the aforesaid personnel to obtain for my child such medical services as are
deemed necessary.

Name of Child's Physician: _____ Phone (____) _____

Parent/Guardian Signature

Date

*** I hereby give permission for my child _____ to have a
snack at break time, when available, while s/he is participating in Religious Education
Classes or functions. **These restrictions apply:**

Parent/Guardian Signature

Date

RELIGIOUS EDUCATION PAYMENT ARRANGEMENT (2021 – 2022)

Introduction:

The Religious Education Program offers faith formation to families and their children within our Parish and all around the Archdiocese of Chicago. The smooth-running of the program depends solely on the Tuition and Fees collected from the families that enroll their children in the program. The promptness with which the families pay off their accounts contributes a lot to this endeavor.

The Religious Education Tuition for grades 1- 8 and the Sacramental Fees are as follows:

- **The Tuition for 2021 – 2022** *(Please see the payment options below):*

\$250 for 1 child
\$350 for 2 children
\$450 for 3 children or more

- **The Sacramental Fees for 2021-2022** *(Please see the payment options below):*

\$50 for Holy Eucharist (First Communion)
\$80 for Confirmation

Payment Options:

Each family is asked to choose a **PAYMENT OPTION** to follow and adhere to for paying off this year’s RE Tuition and Fees. Please check off one of the following options and keep a copy of this page for your records:

OPTION #1: My Family will pay the Full Amount of the Tuition and Fees Upfront at the time of Registration for the year 2021 – 2022:

YES___ Family Name: _____ Signed
by _____

OPTION #2: My Family will pay 50% of the total amount of the Tuition and Fees in 2 Payments; the 1st Payment is Due on October 1st and the 2nd Payment on December 1, 2021.

YES___ Family Name: _____ Signed by _____

RE Registration Form for **RETURNING STUDENTS!**

1st Payment - 50% of the Tuition and Fees **DUE ON OCTOBER 1, 2021.**

2nd Payment - 50% of the Tuition and Fees will be **DUE ON DECEMBER 1, 2021**

1. **Payment Method:** Checks, Money Orders, Cash and Credit Card payments are all accepted. Please make checks payable to Mary, Mother of Divine Grace Parish (Religious Education).
2. **Credit Card Payment Option:** If you wish to use a Credit Card, there is an additional Credit Card Fee of 3% to the Total Amount. Payments can be made through “WESHARE.COM,” a church On-line giving platform that our Parishioners use to give or donate money to our church. ***Please call our Bookkeeper at (708)865-8071 if you have any questions.***

Below is the breakdown of the Total Tuition and Fees with the additional 3% charge:

3. **Tuition:**

\$250 for 1 child + 3% Credit Card Charge = \$257.50

\$350 for 2 children + 3% Credit Card Charge = \$360.50

\$450 for 3 children or more + 3% Credit Card Charge = \$463.50

Sacramental Fees:

First Communion Fee: \$51.50

Confirmation Fee: \$82.40

4. **Credit Card Instructions:**

RE Registration Form for **RETURNING STUDENTS!**

- Please get On-line and onto
<https://marymotherofdivinegrace.org.churchgiving.com/>
- OR go to www.marymotherofdivinegrace.org and follow the prompts under the STEWARDSHIP TAB.
- Please contact our **Bookkeeper at (708)865-8071** with any questions.

Thank you and we pray that God blesses us with a good year of faith formation for our children.

Sister Christine Nantaba, IHMR
Religious Education Administrator
Mary, Mother of Divine Grace Parish
Westchester, IL

cnantaba@divineprovidenceschool.org

708.562.2258 Ext. 32