

Diocese of Joliet Office of Child and Youth Protection 16555 Weber Rd Crest Hill, Illinois 60403

Family Name	 	
Family ID#	 	

ACKNOWLEDGMENT

	•	I have been made aware that these forms are availab Website http://www.smip.org/diocese-of-joliet-forr	•
	Parer	nt Guide: Understanding and Preventing Child Sexu	ual Abuse Brochure
	Parer	nt Guide: Internet Safety for Teens	
	Sex a	nd Cell Phones	
	I understand that I am responsib conduct myself in complete accord	le to become familiar with the contents of the above docume rd with them.	nts. I agree to abide by and to
	Print Name		-
>	Signature		Date
	Registration Checklist: Please be sure to include all of	the following with your 2021-2022 registration packet	
	<u>Completed</u> ✓		
		Above Acknowledgement Form signed and dated	
		Complete Registration form which includes all require insurance card for Confirmation students	red signatures and copy of
		Completed Automatic Tuition Deduction Form with	h signature or payment in full

Please be sure to include a copy of your child's Baptismal Certificate if you are new to the program

(Any registration form submitted incompletely will be returned in the mail)

Office Use Only	Rec'd by /Date New Family Baptism on file Pmt or Auto Conf Copy made Book Packet SMU reg rec'd Contact Information (at least one emails) Family Last Name Mother's name Father's name	ail is require	ed) 		istration Form			s 1 a	Covenant to Attendunderstand my responsible and parent to attend Massigning this form, I am maintain our current were or, if we are not current attend Mass regularly togend prayerfully to seek the to keep my converse write leg	bilities both as a Ca ss on a weekly basi taking a commitme ekly attendance at I dy doing so, to striv gether with my chil the help and grace of tommitments.	tholic s. In nt to Mass e to dren
	Home Address								Subdivision		
For 2021-2022 School Year only. We will continue to offer the option of cand limited to, the number of Catechists and Mentors who step forwar Please check the box if you would like information on being a Catechist Child's Full Name (Birthday MM/DD/YYYY) Grade in the Fall of of RE			d to volunteer. All A	Baptism Date/ Parish/City (copy of		on a first come f			Session Choice (For RE List 3 choices in		
1.		2021	completed	IEP)	certificate must be provided)				remain in the entire year)		
2.											
3.											
4.											
-	RE Session choices. Tuesday 5:15—6:30 p.m. (only session with the session choices). Wednesday 6:15—7:30 p.m. Thursday 5:15—6:30 p.m. Saturday 9:00—10:15 a.m.	on with Kind Faith Basics	,	Students entering had no previou placed in our Fa During their seco	Faith Basics g the 3 rd – 8 th grade w is religious education with Basics class the fir and year of Formation Sacramental Make-up	will be st year. they will		nday 7:0 ırsday 7	0—8:30 p.m. :00—8:30 p.m.	=	

Tuition Fees

No Family will be turned away because of financial need.

Any past due balances must be paid before a registration can be accepted.

1 Child	\$250
2 Children	\$370
3+ Children	\$490

Tuition	
Additional Fees	
Total Tuition due:	

Sacrament Fees for Grade 2 and Year 2 Co	\$50 per student	
Sacramental Make-up Fee		\$35 per sacrament
Book Fee: Confirmation RE Year 1 only =\$20	Confirmation	High School = \$40

Please make checks payable to SMI

	Option 1 : I will pay the full amount of tuition at registration.
	Option 2: I will pay my tuition through 2 automatic payments made on June 10 and November 11. (Must complete the Automatic Tuition Deduction Form attached)
	Option 3: I will request financial assistance through the FACTS program.
I will	(More details can be found on the FACTS info sheet attached.) hold my registration as I await notification from the Business Office

Weekly Offering Commitment

Weekly Offering Committee
Check the box of the option your family will commit to and sign below.
Option 1: Families will commit to <u>a \$15 weekly</u> (or \$65 monthly) contribution to the parish. This commitment will be made in addition to the tuition agreement above.
Option 2: I will email the Parish Business Manager to discuss.
<u>I will hold my registration</u> until I resolve this issue with the Business Office.
Denise Rowan: Business Manger = drowan@smip.org
he weekly offering is based on the 52-week fiscal year of the church starting July 1st and endin

Required Signature Section

In signing my name below I acknowledge all the sections of this registration form that include:

- Diocese Sign off sheet
- Mass Covenant
- Weekly Offering
- Medical Permission

(Parent Signature)	(Date)

Name	Allergic to medications? Y or N	Taking ongoing medications?	Please list any other special medical needs
	If yes, please list medication	Y or N If yes, please list	(i.e. epi pen, inhaler etc.)
Child 1 name			
Child 2 name			
Child 3 name			
Child 4 name			
Medical Permi	ssion Form		

I grant permission	for the administration	of First Aid to my	/ child(ren), (lis	st names on following line)
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______, by the people in charge of Religious Education Grades K-6 and Confirmation Program in the event that I am not in attendance, as their judgment 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 in 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 administer proper treatment.

CONFIRMATION ONLY:

INSURANCE INFORMATION

For Students in the Confirmation Program please attach **a copy of your insurance card** to be kept on file.

Relationship to student:	(cannot be parent)
Emergency Contact Phone #	
Yes, I would like to volunteer during my child's RE or Confir volunteer, hall monitor or dismissal assistant.	mation session as an office

Emergency Contact Name:

_____ Yes, I would like to volunteer—but am more available during the day or in the summer to help with office tasks.



keep all your tuition dollars at SMI.

Automatic Tuition Deduction Form

2021-2022

Deduction Dates: June 10 and November 11

Name	
Address	
City, State, Zip	
Phone	
Email Address	
Student names 1	2
3	
5	
Authorized Account Signature	
Date	
Account Information (please provide	le either Bank or Credit Card information—not bo
	le either Bank or Credit Card information—not be Credit Card Account Information
Account Information (please provided) Bank Account Information	Credit Card Account Information A 3% fee will be added to all
Account Information (please provide	Credit Card Account Information A 3% fee will be added to all credit card transactions
Account Information (please providence providence) Bank Account Information Bank Name	Credit Card Account Information A 3% fee will be added to all credit card transactions Credit Card Type
Account Information (please provide Bank Account Information Bank Name Account Type	Credit Card Account Information A 3% fee will be added to all credit card transactions Credit Card Type MasterCard
Account Information (please provide Bank Account Information Bank Name Account Type Checking —attach VOID check	Credit Card Account Information A 3% fee will be added to all credit card transactions Credit Card Type MasterCard Visa
Bank Account Information Bank Account Information Bank Name Account Type Checking —attach VOID check Savings — Attach savings deposit	Credit Card Account Information A 3% fee will be added to all credit card transactions Credit Card Type MasterCard
Bank Account Information Bank Name Account Type Checking —attach VOID check Savings — Attach savings deposit	Credit Card Account Information A 3% fee will be added to all credit card transactions Credit Card Type MasterCard Visa
Bank Account Information Bank Name Account Type Checking —attach VOID check Savings — Attach savings deposit	Credit Card Account Information A 3% fee will be added to all credit card transactions Credit Card Type MasterCard Visa Discover
Account Information (please provide Bank Account Information Bank Name Account Type Checking —attach VOID check	Credit Card Account Information A 3% fee will be added to all credit card transactions Credit Card Type MasterCard Visa Discover Name on Account
Bank Account Information Bank Name Account Type Checking —attach VOID check Savings — Attach savings deposit	Credit Card Account Information A 3% fee will be added to all credit card transactions Credit Card Type MasterCard Visa Discover
Bank Account Information Bank Account Information Bank Name Account Type Checking — attach VOID check Savings — Attach savings deposit Slip Account #	Credit Card Account Information A 3% fee will be added to all credit card transactions Credit Card Type MasterCard Visa Discover Name on Account
Bank Account Information Bank Name Account Type Checking —attach VOID check Savings — Attach savings deposit Slip Routing #	Credit Card Account Information A 3% fee will be added to all credit card transactions Credit Card Type MasterCard Visa Discover Name on Account

amily ID #	
Office Use Only	

Fee Summary		
Description	Total————	
	I	
Account Information/Changes		

Ad	Account Information/Changes				
Date	Note				

How do I apply for financial aid for Religious Education or Confirmation Tuition?

➤Go to this website:

https://online.factsmgt.com/signin.aspx

➤ In the New User Registration Box click "Register"



➤On the "Institution Sign up" page click the bullet for "Search for my Institution"

➤ In the "Institution search Box" type in 60544 in the zip code box. Click green search button.

➤ When you see the institution choices appear, click on the "St Mary Immaculate Religious Education/Confirmation" institution

➤ This will take you to the beginning of the St. Mary Immaculate Religious Education/Confirmation section of FACTS.

From this point – follow the prompts to create your own account to enter your own personal financial information.



➤ Information that you will need to complete the application:

- What year you will be applying for (2021-2022)
- Total due (fees and tuition) for your family (see below)
- Tax return for tax year end 2019 or 2020 (only one year is needed)
- Household expenses, student loans, other financial obligations
- Means to pay the \$30 processing fee debit card or credit card

There will be a \$30 non-refundable processing fee that all applicants will have to pay to the FACTS program

to apply for aid.

FACTS Tuition and Fees Worksheet (\$30 processing fee required)				
Current Tuition 2021-2022	\$			
Sacramental Make-up (\$70 per student)	\$			
Confirmation Book Fee (\$20 per student)	\$			
Sacramental Fee (Gr 2 & Yr 2 \$50)	\$			
TOTAL Due for 2021-2022	\$			
Go to this website to complete application				
https://online.factsmgt.com/Signin.	<u>aspx</u>			

The St. Mary Immaculate Business Office will contact you with the resolution passed on to them from the FACTS program. Once you have received this notification—then please submit your completed RE/Confirmation registration form to the office so we can complete the registration process.