

Family Name	_ Family ID#

#### **ACKNOWLEDGMENT**

This is to acknowledge that I have been made aware that these forms are available to me to read on our parish Website <a href="http://www.smip.org/diocese-of-joliet-forms/">http://www.smip.org/diocese-of-joliet-forms/</a>

- DOJ-Anti-Bullying-Policy
- DOJ-Permission-and-Medical-Release-for-Minors-Form-Fillable
- DOJ-Parent-Guide-to-Understanding-and-Preventing-Child-Sexual-Abuse-Brochure-ENG
- DOJ-Parent-Guide-to-Understanding-and-Preventing-Child-Sexual-Abuse-Brochure—SPAN
- DOJ-Suggested-Procedures-for-Severe-Allergies-and-EpiPens

I understand that I am responsible to become familiar with the contents of the above documents. I agree to abide by and to conduct myself in complete accord to its contents.		
Print Name	Signature	Date
Registration Checklis Please be sure to inclu Completed ✓	t: ude all of the following with your 2024-2025 registra	tion packet
	Above <b>Acknowledgment Form</b> signed a	nd dated
	Complete <b>Registration</b> form which include	des all required signatures
	Completed Automatic Tuition Deduction	<b>n Form</b> with 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)

### Additional Information for Confirmation

Any student registering for Confirmation who has <u>not had continuous Religious Education</u> classes since 2nd grade or has never received Religious Formation will be required to participate in a few additional classes of our Faith Basics program.

<u>Parents and student</u> will meet for these classes together as a family so that this time of preparation will build a strong faith foundation.

The schedule of meeting dates and times will be given at the Opening Mass in September.

Family Contact Inform	mation (one email is required)	Family ID		(office will complete)	PMT
Family Last Name				<del></del>	Conf Copy
Mother's Name	Phone		Email		
	Phone				
Home Address	City			Zip	
Student Information					
Child 1: Name			Birthdate		
Grade in the fall	Last grade of RE completed		Special Learning	g Needs	
Session Choice (see below) #1 _	#2	#3			
Sacrament History (Please list the date	and parish where your child received the Sacrar	ment. Copy of ba	aptismal certificate must b	pe on file)	
Baptism	Reconciliation		Co	ommunion	
Child 2: Name			Birthdate_		
Grade in the fall					
Session Choice (see below) #1 _					
Sacrament History (Please list the date				pe on file)	
Baptism	Reconciliation		Co	ommunion	
Child 3: Name			Birthdate		
Grade in the fall					
Session Choice (see below) #1 _	#2	#3			
Sacrament History ((Please list the date		ament. Copy of l	paptismal certificate must	be on file)	
Baptism	Reconciliation		Co	ommunion	
Child 4: Name			Birthdate		
Grade in the fall					
Session Choice (see below) #1_					
Sacrament History ((Please list the date				be on file)	
Baptism	Reconciliation			ommunion	

### RE K-6 Session Choices

Tuesday 5:15—6:30 p.m. (Tue)

Wednesday 6:15—7:30 p.m. (Wed) (NO Kindergarten)

Thursday 5:15 -6:30 p.m. (Thur)

Saturday 8:45—10:15 a.m. (Sat)—FAITH BASICS ONLY

Home School is available for RE except for Grade 2 (HS)

## RE (3-6) Faith Basics—Saturday Only

Students entering the 3rd—6th grade who have **no** previous religious education will be placed in our Faith Basics Program. It is a 2 year program that will prepare the students for their Sacraments of First Reconciliation and First Communion

### **Confirmation Session Choices**

Monday 7:00—8:30 p.m. Year 2 Thursday 7:00—8:30 p.m. Year 1 High School —TBD RE Phone 815.436.4501

OFFICE USE ONLY

2024-2025 School Year Registration

## **Financial** No family will be turned away because of financial need. Please contact us for information on financial assistance if needed. Tuition Tuition and fees workspace: 1 Child .....\$350 Family Tuition 2 children .....\$475 Sacrament Fee 3+ Children .....\$580 Other Fees **Total Tuition and Fees** ❖ Sacrament Fee \$50 per student/per Sacrament Any past due balances must be reconciled at (First Communion and Confirmation second year) registration. Payment Options (Check your choice) A) Pay in full at registration B) Pay via 2 Automatic deductions on June 6 and November 7 (be sure to complete the Auto Deduction Form) C) I will request financial assistance via the FACTS Program (More info is available on the FACTS form in this packet) Medical **Medical Permission Form** I grant permission for the administration of First Aid to my Please list out any medications or other medical issues we should be child(ren), by the people in charge of Religious Education Grades K-6 and Confirmation Program in the event that I am aware of for your child's safety. If not applicable please indicate N/A. not in attendance, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the Name /Issue treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any Name /Issue 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 Name /Issue every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby Name /Issue give permission to the physicians selected by the adult staff to administer proper treatment. Emergency Contact Name (not the parents) Relationship to student Emergency Contact Phone # **Spiritual** I understand my responsibilities both as a Catholic and a parent to attend Mass on a weekly basis. I am making a commitment to maintain our weekly attendance at Mass, or if we are not currently doing so, to strive to attend Mass regularly with my children and

prayerfully seek ways to support St. Mary Immaculate Parish with our time, talent and treasure.

In signing my name below I acknowledge all sections of this re	egistration form that include the Diocesan Sign off sheet, Medical
permission and my spiritual obligation to my family.	
	<del></del>
(Parent Signature)	(Date)

Please call me I would like to volunteer during my child's RE/Confirmation Session.



# Automatic Tuition Deduction Form 2024~2025

## Deduction Dates: June 6 and November 7

Family Information (please print all in	formation legibly)			
Name				
Address				
City, State, Zip				
Phone				
Email Address				
Student names 1	2			
3.				
5				
<u></u>	, <u> </u>			
with updated information. I understand the charged to my account for any NSF debits.  Authorized Account Signature				
Date				
Account Information (please provide eith	ner Bank or Credit Card information—not both)			
	1			
Bank Account Information	Credit Card Account Information			
Bank Name	A 3% fee will be added to all credit card transactions			
	Credit Card Type			
Account Type	☐ MasterCard			
Checking —attach VOID check	Visa			
Savings — Attach savings deposit slip	Discover			
	Name on Account			
Routing #				
Account #	Cuodit Cond Number			
	Credit Card Number			
Electronic Funds Transfer (EFT) using Bank Account Information is the preferred pay-	Exp Date			
ment method to avoid fees and to keep all your tuition dollars at SMI.	3 digit Code			
	A 3% fee will be added to all credit			
	card transactions.			
	We reserve the right to raise this fee if our costs			

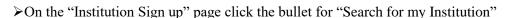
Family Name	
Family ID#	- No.1
Office Use C	only
Fee Summ	ary
Description	Total———
Total Tuition and Fees from registration	
Account Informat	tion/Changes
Date Note	

## 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"



➤ 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 (2024-2025)
- Total due (fees and tuition) for your family (see below)
- Tax return for tax year end 2022 or 2023 (only one year is needed)
- Household expenses, student loans, other financial obligations
- Means to pay the \$40 processing fee—debit card or credit card

There will be a \$40 non-refundable processing fee that all applicants will have to pay to the FACTS program to apply for aid.

FACTS Tuition and Fees Worksheet (\$40 processing fee required)		
Current Tuition 2024-2025	\$	
Sacramental Fee	\$	
TOTAL Due for 2024-2025	\$	
Go to this website to complete application		
https://online.factsmgt.com/Signin.aspx		

## Please turn in your registration as soon as you complete the FACTS process online.

We will hold the registration in our pending file until we receive word from our Business office of the financial resolution. We will contact you when the process is complete.