

Holy Ghost Family Faith Formation Program Registration Form

2018/2019 School Year

Please return completed form to Faith Formation or Parish Office

254 N. Wood Dale Rd. 630-766-1045

Parish fax 630-860-9482

Family Information	Last Name _____ Father's Name _____
	Mother's Name _____ Mother's Maiden Name _____
	Street Address _____ City/Zip Code _____
	Home Phone _____ Mothers Cell _____ Father's Cell _____
	Email for communication with the Faith Formation Office _____
	**Nearly all communication from the Faith Formation Office is by email. If email is not a good way of communicating with you, please call our office to make other arrangements.
	Child/Children reside with: Both parents _____ Mother _____ Father _____

*All new students must provide a copy of their baptismal certificate with their registration.

Please enter information for each child enrolling in the Faith Formation Program.

Student Information	Last Name, First name	Sacraments Received <i>Baptism-B, Reconciliation-R, Eucharist-E</i>	Gender M or F	Birth Date MM/DD/YYYY	Grade in 2018/2019	School Attending

Please choose either the A-8:30 a.m. or B-10:30 a.m. session _____

Tuition & Fees	Tuition: First Child-\$245 Each Additional Child- \$85	
	Sacrament Preparation Fees- First Eucharist-\$60 per student Confirmation-\$80 per student	
	Book Fee \$20.00 per student, must be paid at registration	
	Generations of Faith Community Event \$30.00 per family	
	Scrip program credit (if applicable)	
	Total Due	

Payment Plan: Please check one

_____ **Payment in full**

Cash, Check, Visa, Mastercard & Discover accepted

_____ **Monthly ACH payments***

_____ # of months

_____ payment amount

Make checks payable to:

Holy Ghost Faith Formation

Complete registration on other side of form

I agree to the above fees & payment schedule:

_____ Signature

General Permission	<p>I hereby release and indemnify Holy Ghost Church, it's staff, volunteers, and the Diocese of Joliet, from any and all liability arising from claims of any kind from my child(ren)'s participation in the Faith Formation program.</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>Pictures/Video Permission: Pictures/videos of Faith Formation participants may be taken during the year for publicity or information purposes to advertise events in the parish. The pictures may be posted on parish/diocesan web pages, bulletin boards, or publications. We assume your permission is given for use of these photos unless you notify the Faith Formation office by calling 630-766-1045.</p>
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Medical Permission	<p>In case of medical emergency, I grant permission to the Holy Ghost volunteers and staff to administer First aid and to secure proper treatment for my child(ren) until I can be reached.</p> <p>Parent/guardian Signature: _____ Date: _____</p> <p>Other Emergency Contact Person if <u>parents cannot</u> be reached: Name: _____</p> <p>Phone: _____ Relationship: _____</p>	
	Child's Name	Medical problem, allergies, or learning disability

Diocesan Safe Environment Materials	<p>In an effort to protect our children, the Diocese of Joliet requires that certain safety information be made available to families participating in Faith Formation programs. In response to this requirement, Holy Ghost provides all families access to two documents of Diocesan policies regarding prevention of child sexual abuse, as well as two brochures with helpful information for parents/guardians. Click here to view forms. If you do not have access to a computer, hard copies are available upon request. Please sign below to verify that you have received the appropriate materials.</p> <p>I acknowledge that I have received the Diocesan Pastoral Policy regarding Sexual Abuse of Minors, Standards of Behavior for Those Working With Minors, Understanding & Preventing Child Sexual Abuse, and Internet Safety for Children & Teens.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>
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<p>Please check one or more of the ways that you might be interested in being involved as a parent in the coming year!</p> <p>Catechist or catechist aide _____ Babysitting-After Mass/ Generations of Faith _____ Classroom Mom _____</p> <p>Kitchen Help-Generations of Faith/Parish Events _____</p> <p>Transport parish aluminum cans to recycling center (van or SUV necessary) _____</p> <p>Talent/professional skill you'd like to share with the parish _____</p> <p>Phone number & best time to contact you _____</p>
