

ENV # _____

St. Jude Parish
Faith Formation Registration 2022-2023
241 W. Second Ave. New Lenox, IL 60451

DATE: _____

FAMILY LAST NAME: _____

MAIN PHONE: _____

FATHER'S NAME: _____

DAD'S CELL: _____

MOTHER'S NAME: _____

MOM'S CELL: _____

MOTHER'S MAIDEN NAME: _____

EMERGENCY CONTACT NAME: _____

HOME ADDRESS: _____

EMERGENCY PHONE: _____

STUDENTS RESIDE WITH: _____

MAIN EMAIL: _____

STUDENTS ADDRESS IF DIFFERENT: _____

ALTERNATE EMAIL: _____

CHILD FULL NAME:	BIRTHDATE	GENDER	2022-23 SCHOOL/GRADE	1 ST SESSION CHOICE:
				2 ND SESSION CHOICE:
BAPTISM		RECONCILIATION		EUCCHARIST
CHURCH:		CHURCH:		CHURCH:
DATE:		DATE:		DATE:

Special Needs: medical, learning, physical disabilities _____

Request to be in class with: _____

CHILD FULL NAME:	BIRTHDATE	GENDER	2022-23 SCHOOL/GRADE	1 ST SESSION CHOICE:
				2 ND SESSION CHOICE:
BAPTISM		RECONCILIATION		EUCCHARIST
CHURCH:		CHURCH:		CHURCH:
DATE:		DATE:		DATE:

Special Needs: medical, learning, physical disabilities _____

Request to be in class with: _____

Note: If any of your children received Religious Education or any of their sacraments at another parish, documentation is needed for our records. Please provide at time of registration. INITIALS _____

Consent Form 2022-2023
St. Jude Catholic Community

Parent/Guardian: _____

Cell Phone: _____ Email address: _____

This entire form applies to the following students (include all family members under the age of 18):

Name: _____ Grade: _____ Name: _____ Grade: _____
Name: _____ Grade: _____ Name: _____ Grade: _____

#1. **EMERGENCY CONSENT**

Give Consent:

In the event reasonable attempts to contact me have been unsuccessful, I hereby **give my consent** for the administration of any treatment deemed necessary by medical personnel and, if necessary, the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian: _____ Date: _____

Deny Consent:

I **do NOT give my consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take the following action:

Signature of Parent/Guardian: _____ Date: _____

#2. **IMAGE CONSENT**

This consent is for use of personally identifiable images via electronic, video, auditory, print and other media accessible by the public for educational and/or marketing purposes.

Give Permission:

I **give permission** to St. Jude Catholic Community to use images of my children in educational or marketing materials. I understand the names will not be used unless specific permission is sought.

Signature of Parent/Guardian: _____ Date: _____

Deny Permission:

I **object** to the use of the images of my children for any purpose.

Signature of Parent/Guardian: _____ Date: _____

#3. **FLOCKNOTE CONSENT**

Flocknote is a text messaging service that St. Jude uses to quickly send families important information and reminders. You can expect to receive between 2-4 Faith Formation program related texts a month.

Give Permission:

I **give permission** to St. Jude Catholic Community to register my cell phone number, given above, for the Flocknote text service and for St. Jude to send me text messages related only to St. Jude events and programs. I understand that I can unsubscribe from this service at any time and that my information will not be sold, distributed, or in any other way shared with entities or affiliates outside of St. Jude. I understand that standard text messaging rates will apply to any messages received from St. Jude. I agree not to hold St. Jude liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number changes I will inform the Faith Formation Office.

Signature of Parent/Guardian: _____ Date: _____

Deny Permission:

I **object** to receiving text messages from St. Jude Catholic Community

Signature of Parent/Guardian: _____ Date: _____

Tuition

2022-2023

Tuition and fees are expected to be paid in full by July 29, 2022.

A 50% deposit **must** be paid with registration in order for a child to be placed in a class, with the balance due on August 31, 2022, provided payment arrangements have been made with the Office of Faith Formation.

****First Reconciliation and First Eucharist are typically received in 2nd grade or in a child's second consecutive year of Faith Formation.**

*****6th, 7th & 8th grade students must have a Catholic Bible. They may bring a Catholic Bible from home but they must be able to highlight and write in this bible.**

******Confirmation is typically received in 8th grade or in a teen's second consecutive year of Faith Formation.**

*******Additional Programming fees will be assessed in special circumstances as determined by the directors.**

St. Jude Office of Faith Formation
241 West Second Avenue
New Lenox, Illinois 60451
815-463-4260

Tuition Assistance requests can be submitted to the Director of Lifelong Faith Formation
Nicholas Resuta
815-463-4291
nresuta@stjudes.org

Family Name _____ ENV # _____
Family Phone Number _____ Email Address _____

Tuition Schedule	BEST DEAL Early Bird Discount: All Tuition and Fees PAID IN FULL by July 29, 2022	TUITION Registration & payment due by July 29, 2022; Balance due by August 31, 2022 <i>If full payment cannot be made at the time of registration, a 50% deposit must be paid in order for a child to be placed in a class and payment arrangements should be made with the Office of Faith Formation.</i>
1 child (gr 1-8)	\$180	\$220
2 children (gr 1-8)	\$300	\$340
3 or more (gr 1-8)	\$400	\$440
QUEST	\$50	\$50

Today's Date		_____
1. Tuition Total From Above		
2. Family Activity/Material Fee (ALL FAMILIES GRADES 1-8)		\$75.00
3. **First Reconciliation/First Eucharist Preparation Fee	\$75	
4. *** 6th - 8th Grade Youth Bible _____ Family Bible _____	\$25ea	
5. ****Confirmation Preparation Fee Year One (7th Grade)	\$40	
6. ****Confirmation Preparation Fee Year Two (8th Grade)	\$75	
7. *****Additional Programming (office use only)		
Adult Faith Formation Volunteer Credit if applicable	(-\$25)	()
Non-Parishioner Fee	\$100	
ADJUSTMENTS (for office use only)		
	Total	
	Amount paid	
	Balance due	
Cash _____	Check _____	Credit Card _____
		Method of Payment Please Indicate
If a balance remains please sign below:		

I agree to pay the remaining balance by August 31, 2022.*

_____ **signature of person responsible for payment**

Refund request: \$50 non-refundable registration fee for all refund requests before classes begin. Once classes begin refund requests shall be prorated at the Director's discretion.
Request for Class Change: There shall be 1 free class change prior to class start. A second request or a request after classes shall result in a \$25 processing fee.
Faith Formation tuition and fees are expected to be paid in full at registration. If you cannot make full payment, the minimum deposit (50% of total) is expected with registration and the balance paid in full by August 31, 2022. No family will be turned away from Faith Formation because of inability to pay. If tuition creates a grave financial hardship for your family, please contact the office for a Tuition Assistance Scholarship (TAS) form. TAS forms must be completed, providing financial information, and submitted to the Director by August 31, 2022 for consideration. TAS funds are limited. Scholarship awards are based on need and may be full or partial as determined by the Pastor and TAS Board.
**If the balance cannot be paid in full but tuition assistance not required, the person responsible for payment should contact the Director to set up a payment plan.*