



**Our Lady of Perpetual Help Church**  
1775 Grove St, Glenview, IL 60025  
(847) 998-5289  
www.olphglenview.org  
**2019-2020 REGISTRATION**

**CONTACT INFORMATION**

Family Name:

Address:

City:

State:

ZIP Code:

Primary Phone Number:

Primary Email Address:

**Emergency Contact Name:**

**Emergency Contact Phone Number:**

**FATHER'S INFORMATION**

Father's Name:

Home Address:

*(if different than address above)*

City:

State:

ZIP Code:

Cell Phone:

Religion:

Email:

*(if different than primary email and you also wish to receive regular RE updates)*

**MOTHER'S INFORMATION**

Mother's Name:

Home Address:

*(if different than address above)*

City:

State:

ZIP Code:

Cell Phone:

Religion:

Email:

*(if different than primary email and you also wish to receive regular RE updates)*

## PARENT VOLUNTEER REQUIREMENT OPTIONS

The Religious Education Program belongs to the families; it is the families that give generously of their time, talent and treasure to ensure the program is the best it can be. Since our RE Program, serving over 1000 children each year, is run strictly on a volunteer basis, it is important for every member of the RE community to volunteer to help in an area of the program that would suit their time.

Your commitment as a parent volunteer also includes attending a Protecting Our Children seminar (to be held at OLPH at a date to be determined) and completing a simple background check. This training is mandatory as specified by the Archdiocese of Chicago, for any volunteer or employee who works with children. This includes catechists, aides, coaches, room parents, teacher, children's liturgy leaders and so many other volunteer positions.

Below you will find the areas in which volunteers are needed in order for our program to run in an effective manner. Please indicate your area of interest by placing a check in the space provided. Your reward as a volunteer will increase your sense of community at Our Lady of Perpetual Help and deepen your faith.

**Catechist:** Share the Word of God with our students - teach classes September through May. Attends grade level planning sessions and training sessions. No formal experiences is needed - only the desire to share your faith with our young people.

**Substitute Catechist:** Lesson plan, activities, and catechist manual provided.

**Religious Education Board Member:** The board serves in a supportive capacity in order to ensure the continued success of the RE Program. Working with the Pastor and/or Associate Pastor along with the director to help carry out the vision of the Program.

**Hall Monitor Committee:** Rotate with other parents to provide a safe environment for the children in the buildings while classes are in session.

**Parking Lot Committee:** Rotate with other parents to provide safe arrivals and dismissals to children in the parking lot.

*We need each and every one of you ~  
Thank you for your commitment!*

**STUDENT INFORMATION  
CHILD #1**

Name:

Date of Birth:

Gender:

School Attending:

Grade Level in Fall, 2019

**Class Session Preference - Child #1 (Circle one)**

*Please indicate your choice of session for Child #1. Do not request class placement with specific catechists (unless you have received prior instructions from a previous catechist) or friends. If registering multiples (twins, triplets, etc.) please indicate if you would like them placed together or separated.*

Grades PK-8

Grades 1-8

Grades PK-8

PK - K

Tuesday 4:30-6:00

Tuesday 6:30-8:00

Saturday 9:00-10:30

Sunday 9:30-11:00

Gather & Grow: A Family Catechesis Program for parents and their children PK - 6th.

Please contact the RE office for more information. \* Space is limited - Please include an option #2.

**MEDICAL INFORMATION  
CHILD #1**

Physician's Name:

Physician's Phone Number:

Dentist's Name:

Dentist's Phone Number:

Allergies:

**Other Medical Concerns or Conditions:**

*List specific medical illness, learning disabilities, or other health and learning issues that may affect classroom behavior*

**SACRAMENTAL INFORMATION  
CHILD #1**

*Sacramental information is required for new families or new students only. Please complete all applicable sacramental information. All new students must provide a copy of their Baptismal Certificate.*

Baptism Date:

Parish of Baptism (Parish Name, City, State and/or Country):

Reconciliation Date:

Parish of Reconciliation (Parish Name, City, State and/or Country):

First Eucharist Date:

Parish of First Eucharist (Parish Name, City, State and/or Country):

Has your child completed previous grade of Religious Education at another Parish?

Yes or No (Circle one)  
If yes, what Parish:

Has your child attended a Catholic Elementary School prior to enrollment in our Program?

Yes or No (Circle one)  
If yes, what grade levels? Parish Name?

**STUDENT INFORMATION  
CHILD #2**

Name:

Date of Birth:

Gender:

School Attending:

Grade Level in Fall, 2019

**Class Session Preference - Child #2 (Circle one)**

*Please indicate your choice of session for Child #2. Do not request class placement with specific catechists (unless you have received prior instructions from a previous catechist) or friends. If registering multiples (twins, triplets, etc.) please indicate if you would like them placed together or separated.*

Grades PK-8

Grades 1-8

Grades PK-8

PK - K

Tuesday 4:30-6:00

Tuesday 6:30-8:00

Saturday 9:00-10:30

Sunday 9:30-11:00

Gather & Grow: A Family Catechesis Program for parents and their children PK - 6th.

Please contact the RE office for more information. \* Space is limited - Please include an option #2.

**MEDICAL INFORMATION  
CHILD #2**

Physician's Name:

Physician's Phone Number:

Dentist's Name:

Dentist's Phone Number:

Allergies:

**Other Medical Concerns or Conditions:**

*List specific medical illness, learning disabilities, or other health and learning issues that may affect classroom behavior*

**SACRAMENTAL INFORMATION  
CHILD #2**

*Sacramental information is required for new families or new students only. Please complete all applicable sacramental information. All new students must provide a copy of their Baptismal Certificate.*

Baptism Date:

Parish of Baptism (Parish Name, City, State and/or Country):

Reconciliation Date:

Parish of Reconciliation (Parish Name, City, State and/or Country):

First Eucharist Date:

Parish of First Eucharist (Parish Name, City, State and/or Country):

Has your child completed previous grade of Religious Education at another Parish?

Yes or No (Circle one)  
If yes, what Parish:

Has your child attended a Catholic Elementary School prior to enrollment in our Program?

Yes or No (Circle one)  
If yes, what grade levels? Parish Name?

**LIABILITY RELEASES  
MEDICAL & MEDIA  
APPLICABLE FOR ALL CHILDREN INDICATED IN REGISTRATION PAPERWORK**

**Medical Release**

I, undersigned guardian of the children listed, do hereby release, forever discharge and agree to hold harmless Our Lady of Perpetual Help and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the student participant(s) that occur while the student(s) is involved in any trip or activity for which I have given him/her permission to attend.

As a parent and/or guardian, I authorize the treatment by qualified and licensed medical doctor to the minors I am responsible for in case of a medical emergency, that is in the opinion of the attending physician, may endanger her or his life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach me. By signing my name below, I am acknowledging that this release form is for the duration of the Religious Education Classes, September, 2019 through May, 2020. I have completed this form and signed of my own free will with the sole purpose of authorizing medical treatment, under emergency circumstances, in my absence.

**Parent or Legal Guardian Signature:**

**Date:**

**Media & Social Networking Release**

I, the undersigned guardian of this student participant, do understand that photographs or videos taken during religious education or youth ministry events may be used in Our Lady of Perpetual Help newsletters, bulletin boards, web pages, or other publications.

I also understand that social networking websites and tools, especially Facebook, are used to communicate with students. Ultimately, guardians are responsible for all internet activities of their children, but I understand staff persons or volunteers may use these media to effectively communicate.

Furthermore, I understand that the use of messaging such as Facebook chat, Gmail chat, Twitter or text messaging may be used to communicate with teens. Ultimately, I am responsible for my children's communications, but I understand that these tools are used for the means of effective communication.

**Parent or Legal Guardian Signature:**

**Date:**

**SCHEDULE OF FEES  
2019-2020**

*Registration Dealine is August 2, 2019. As you fill out your registration forms, please take into consideration all sporting events and other conflict programs that may interfere with Religious Education. Changing times and days after your registration are received in our office changes made mid-year is not only highly discouraged, but will also result in \$25.00 change fee.*

*Registration received after August 2, 2019 is subject to a late fee.*

1 Child .....	\$325.00
2 Child .....	\$425.00
3 or more Children .....	\$525.00
Gather & Grow - Family Catechesis .....	\$525.00
Sacrament Fee - per child .....	\$75.00
<i>Applies to all children receiving First Communion or Confirmation</i>	
Non Parishioner Fee .....	\$100.00
<i>All religious education families are encouraged to be registered parishioners.</i>	
Late fee after August 2, 2019 .....	\$75.00
<b>TOTAL AMOUNT NOW DUE</b> .....	\$ _____

*Payment must accompany completed registration paperwork. Any paperwork not received with appropriate payment method will not be processed.*

**PAYMENT METHOD**

Family Name/Street Address/ZIP:

Check #:	Check Amount:
Credit / Debit Card (Circle one):	VISA      MASTERCARD      DISCOVER
<i>*Note: \$5.00 processing fee applied to all credit card transtractions</i>	

Card holder's name as it appears on card:

Account Number:

Expiration Date:      CSC Security Code:

Signature:      Date:

**RETURNING YOUR COMPLETED REGISTRATION**

Please print and email completed paperwork with proper payment to:

**Our Lady of Perpetual Help Church  
Religious Education  
1775 Grove St  
Glenview, IL 60025**

OR

Drop off completed paperwork with proper payment to:  
**The Parish Rectory Office (in the mail slot on the door)  
9:00 am through 9:00 pm Monday through Friday**

*You may also drop off your completed registration paperwork in the Religious Education Center mailbox.*