

Class assignments are made on a first come, first served basis. To ensure your child is placed in a class on the date/time preferred and **to avoid increased tuition**, please submit this form with payment by the **July 16th deadline**. If payment presents a hardship, please speak with one of the Directors.

**2018-2019 REGISTRATION FORM**  
**ST. MARGARET MARY PARISH**  
**RELIGIOUS EDUCATION/YOUTH MINISTRY**  
**1450 Green Trails Drive**  
**Naperville, IL 60540**

FOR OFFICE USE ONLY: Date Received \_\_\_\_\_  
Tuition Due \_\_\_\_\_ Sac Prep Fee Due \_\_\_\_\_  
Amt. Paid \_\_\_\_\_ Check # \_\_\_\_\_ **OR** CC \_\_\_\_\_

**Fees: Form & Payment Received On or Before 7/16/18:**  
\$165 for 1 child \$235 for 2 children \$295 for 3 or more children  
plus \$30 for each Sacrament received during the 2018-2019 year  
(1st Communion, 1st Reconciliation, Confirmation)  
**\*A convenience fee is charged if you pay on-line by credit card.**

**Form & Payment Received 7/17/18—8/20/18:**  
\$190 for 1 child \$260 for 2 children \$320 for 3 or more children  
plus \$30 for each Sacrament received during the 2018-2019 year  
(1st Communion, 1st Reconciliation, Confirmation)  
**\*A convenience fee is charged if you pay on-line by credit card.**

**Form & Payment Received After 8/20/18:**  
\$215 for 1 child \$285 for 2 children \$345 for 3 or more children  
plus \$30 for each Sacrament received during the 2018-2019 year  
(1st Communion, 1st Reconciliation, Confirmation)  
**\*A convenience fee is charged if you pay on-line by credit card.**

**Tuition payment should accompany this form or pay by credit card by visiting [www.smmp.com/repayment](http://www.smmp.com/repayment) or [www.youthwithheart.com/registration](http://www.youthwithheart.com/registration).** (If you pay by credit card, you still must turn in this form.) No child is refused placement because of inability to pay. Write or call the RE/YM Office (369-0833) if there is a financial difficulty.

**Requests for change of class day/time received after September 1, 2018 will incur a \$15 fee per family if we are able to accommodate your request.**

Family Name \_\_\_\_\_ Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_  
**By providing your e-mail address you are giving the RE/YM Office permission to contact you via e-mail with RE/YM related information only. Note that e-mail is our preferred means of communication.**

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_ Phones: Cell \_\_\_\_\_ Work \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_ Phones: Cell \_\_\_\_\_ Work \_\_\_\_\_

When sending mail, address to (choose one): MR/MRS MR MRS OTHER \_\_\_\_\_

Please provide a non-parental emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phones: Cell \_\_\_\_\_ Home \_\_\_\_\_

**It is expected that all families are registered parishioners at St. Margaret Mary. If you have not completed your family's registration with the parish, please do so before turning in this form. Call the Parish Office at 630-369-0777. If you choose not to register with SMMP, your family is asked to pay double tuition. If that is your intention, please indicate your parish of registration here: \_\_\_\_\_**

**Parish policy provides for a tuition waiver for families of CATECHISTS, JR. HIGH and HIGH SCHOOL LEADERS. (Sacramental Preparation fees still apply.) If you are interested in teaching, indicate adult name(s), grade level and day/time preference:**

CATECHIST \_\_\_\_\_ JR HIGH LEADER \_\_\_\_\_ FROSH/SOPH LEADER \_\_\_\_\_  
(Pre K — 5th Grade) (6th — 8th Grade) (9th & 10th Grade)

**Volunteers are also needed in the following areas. Please indicate adult name(s) and day/time preference if you can help. (Babysitters & Catechist Aides receive a \$50 credit.)**

CATECHIST AIDE \_\_\_\_\_; BABYSITTER (for Catechists' Pre-Schoolers during class time) \_\_\_\_\_;

SUBSTITUTE TEACHER \_\_\_\_\_ For which Grade/Day/Time? \_\_\_\_\_

**All volunteers must attend a "Protecting God's Children" Workshop before the start of class. A schedule of workshops will be available in the Religious Education Office.**

**CLASS/SESSION INFORMATION**

**K-5 OFFERED:** Mon, 3:30-4:30 PM or Tues, 3:30-4:30 or 4:45-5:45 PM or Wed, 3:30-4:30 or 4:45-5:45 PM  
**\*\*\*2nd & 3rd graders who are new to our program AND delayed in Sacrament preparation will be placed in a class on Tuesdays @ 4:45 PM.**

**Jr. High (6-8) OFFERED:** Mon, 4:45-5:45 or 7:00-8:00 PM or Tues, 4:45-5:45 PM or Wed, 4:45-5:45 or 7:00-8:00 PM  
**\*\*\*\*We must have a minimum of 5 students registered in each class in order for that class to be viable.**

**Frosh & Soph Groups MEET:** Sundays, 10:00 AM (once or twice a month; exact dates TBD)

**Peer Ministry:** Incoming High School Juniors & Seniors will be invited to join Peer Ministry separately from this registration form.  
 There will NOT be a tuition charge for Peer.

\*\*\*\*Check Sacraments Received Below

First Name	Last Name	Grade in Fall '18	Gender	Birth date	School	Bap.	First Rec.	First Comm.	Conf.	1st Choice Day / Time	2nd Choice Day / Time

\*\*\*We expect that all children entering our program have been Baptized. Preparation for subsequent sacraments -1st Eucharist (received in 2nd grade), 1st Reconciliation (received in 2nd or 3rd grade) and Confirmation (received in 10th grade) encompasses two years for each. **If you have questions about the timeline for sacrament preparation, please call our office at 630-369-0833.**

List allergies, learning/physical disabilities, family issues or special needs or any other health issues:

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As a parent and/or legal guardian, I authorize the treatment of my minor child(ren) by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if I am delayed. I authorize the Parish authorities to send my child (properly accompanied) to an available hospital or physician. This consent is granted only after a reasonable effort has been made to reach me. I understand that video and still photographs may be taken and used for future promotional efforts, but NO CHILD WILL BE IDENTIFIED BY NAME. This release is in effect September, 2018 through May, 2019.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_