

OUR LADY OF THE WAYSIDE RELIGIOUS EDUCATION
432 S. Mitchell, Arlington Heights., IL. 60005 REP 847-398-5011
REGISTRATION FORM 2012-2013

TUITION
Grades 1-8 Per child \$ 240.00
Non-Parish Fee (per family per year) \$ 280.00
(plus tuition amount)

FEES
First Eucharist - Grade 2 \$ 75.00
First Reconciliation - Grade 2 \$ 50.00
Personal Bible - Grade 6 \$ 15.00
Retreat Grade 7 \$ 40.00
Confirmation - Grade 8 \$115.00

Non-Volunteer Fee \$140.00
Late Registration Form Fee \$ 60.00

<u>Office Only</u>	
Amount Rec _____	
Check # _____	
Date _____	
Bal _____	
Amount Rec _____	
Check # _____	
Date _____	
Bal _____	

<u>Office Only</u>	
Family Name _____	
Parish Number _____	
Non-P Fee _____	
Tuition _____	
Sacrament Fees _____	
Other Fees _____	
Late Reg _____ Non-Vol _____	
Total _____	
Amount Rec. _____	
Check # _____	
Date _____	
Bal. _____	

IMPORTANT: The Registration Form, Volunteer Form, and payment of at least 50% of the total of tuition and fees are due by April 30, 2012. A late Registration Fee of \$60.00 will be charged for forms, tuition, and fees received after April 30. The balance of tuition and fees is due before or on the first scheduled class of the year.
*Parents unable to meet this deadline should contact Sister Joan or Sister Adrienne 847-398-5011 to set up a payment schedule or apply for a Scholarship. **The Registration Form and Volunteer Form must be completed and returned by the due date, April 30 in order to reserve a place for your child in class and to avoid the late registration fee.***

Please Print
FAMILY NAME _____ ADDRESS _____
Primary E-Mail _____

FATHER'S INFORMATION (Address needed if different from child)
 First Name _____ MI _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Religion _____ Marital Status _____ Home Phone (____) _____ Cell Phone(____) _____

MOTHER'S INFORMATION (Address needed if different from child)
 First Name _____ MI _____ Last Name _____
 Maiden Name _____
 Address _____
 City _____ State _____ Zip _____
 Religion _____ Marital Status _____ Home Phone (____) _____ Cell Phone(____) _____

EMERGENCY INFORMATION		Work
Father's Employer _____	Phone _____	Email _____
Mother's Employer _____	Phone _____	Email _____
Emergency Contact, other than parent _____	Phone _____	
(Relationship to child) _____		

Emergency Consent: If the parents (or guardians) cannot be contacted in case of serious injury or illness, I authorize the Religious Ed. Program to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or medical center. As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This is valid for the School Year September 2012-April 2013.

Date _____ Signature-Parent or Legal Guardian _____

PLEASE COMPLETE THE REVERSE SIDE

CHILD # 1 **Grade in REP 12-13** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___/___/___ School attending _____ **Grade in School 12-13** _____

Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? **Yes** **No**

If yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:

Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd _____ Yes _____ No _____ Date _____

****If your child was baptized at Our Lady of the Wayside please indicate date here _____.**

CHILD #2 **Grade in REP 12-13** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___/___/___ School attending _____ **Grade in School 12-13** _____

Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? **Yes** **No**

If yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:

Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd _____ Yes _____ No _____ Date _____

****If your child was baptized at Our Lady of the Wayside please indicate date here _____.**

CHILD #3 **Grade in REP 12-13** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___/___/___ School attending _____ **Grade in School – 12-13** _____

Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? **Yes** **No**

If yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:

Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd _____ Yes _____ No _____ Date _____

****If your child was baptized at Our Lady of the Wayside please indicate date here _____.**

CHILD # 4**Grade in REP 12-13** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___/___/___ School attending _____ **Grade in School 12-13** _____Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? Yes NoIf yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:
_____**Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd _____ Yes _____ No _____ Date******If your child was baptized at Our Lady of the Wayside please indicate date here _____.****CHILD # 5****Grade in REP 12-13** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___/___/___ School attending _____ **Grade in school 12-13** _____Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? Yes NoIf yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:
_____**Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd _____ Yes _____ No _____ Date******If your child was baptized at Our Lady of the Wayside please indicate date here _____.****CHILD # 6****Grade in REP 12-13** _____

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Ethnic Background _____ Religion _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

Birth date ___/___/___ School attending _____ **Grade in school 12-13** _____Does your child have any special needs (eg. Allergies, vision, hearing, epilepsy/seizures, asthma, heart condition, diabetes etc.)
Please state these _____

Does your child take any daily prescribed medicine for chronic illness or condition? Specify _____

Is your child presently receiving or is he/she in need of special services or learning support in school? Yes NoIf yes, please specify below so the Religious Ed. Program can provide a successful teaching and learning environment:
_____**Parents who are registering their child/children for the first time must submit a copy of their child's Baptismal Certificate along with this Registration Form. (For Office Use Only) Rec'd _____ Yes _____ No _____ Date******If your child was baptized at Our Lady of the Wayside please indicate date here _____.**