



Diocese of Joliet
Office of Child and Youth Protection
16555 Weber Rd
Crest Hill, Illinois 60403

Family Name _____ Family ID# _____

Parents are the primary Catechists for their children: "Family catechesis precedes, accompanies, and enriches other forms of instruction in the faith" (ccc 2226). Teaching and living our faith, including attending Mass regularly, are important parts of family life. St. Mary Immaculate Faith Formation strives to work alongside you to share the truth, joys, and beliefs of our Catholic faith with your family.

ACKNOWLEDGMENT

This is to acknowledge that I have been made aware that these forms are available to me to read on our parish Website
<http://www.smip.org/diocese-of-joliet-forms/>

DOJ-Anti-Bullying-Policy
DOJ-Permission-and-Medical-Release-for-Minors-Form-Fillable
DOJ-DCE-Medical-Provider-Authorization-Form-Prescription-Medication
DOJ-Parent-Guide-to-Understanding-and-Preventing-Child-Sexual-Abuse-Brochure-ENG
DOJ-Parent-Guide-to-Understanding-and-Preventing-Child-Sexual-Abuse-Brochure—SPAN
DOJ-Suggested-Procedures-for-Severe-Allergies-and-EpiPens

I understand that I am responsible to become familiar with the contents of the above documents. I agree to abide by and to conduct myself in complete accord to its contents.

Print Name _____ Signature _____ Date _____

Registration Checklist:

Please be sure to include all of the following with your 2025-2026 registration packet

Completed ✓

_____ Above **Acknowledgment Form** signed and dated
_____ Complete **Registration** form which includes all required signatures
_____ Completed **Automatic Tuition Deduction Form** with signature *or* payment in full

Please be sure to include a copy of your child's Baptismal Certificate if you are new to the program

(Registrations need to be complete to receive class placement)

Additional Information for Confirmation

Any student registering for Confirmation who has **not had continuous Religious Education** classes since 2nd grade or has never received Religious Formation will be required to participate in a few additional classes.

Parents and student will meet for these classes together as a family so that this time of preparation will build a strong faith foundation.

The schedule of meeting dates and times will be given at a later date.

Date _____
Baptism _____
PMT _____
Conf Copy _____

OFFICE USE ONLY

Family Contact Information (one email is required) **Family ID** _____ (office will complete)Family Last Name _____
Mother's Name _____ Phone _____ Email _____
Father's Name _____ Phone _____ Email _____
Home Address _____ City _____ Zip _____**Student Information**

Child 1: Name _____ Birthdate _____ Grade in the fall _____ Last grade of RE completed _____ Session Choice (see below) #1 _____ #2 _____ #3 _____ Sacrament History (Date and parish where Sacrament was received. Copy of baptismal certificate must be on file) Baptism _____ Communion _____	Please list any accommodations or special learning needs:
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Child 2: Name _____ Birthdate _____ Grade in the fall _____ Last grade of RE completed _____ Session Choice (see below) #1 _____ #2 _____ #3 _____ Sacrament History (Date and parish where Sacrament was received. Copy of baptismal certificate must be on file) Baptism _____ Communion _____	Please list any accommodations or special learning needs:
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Child 3: Name _____ Birthdate _____ Grade in the fall _____ Last grade of RE completed _____ Session Choice (see below) #1 _____ #2 _____ #3 _____ Sacrament History (Date and parish where Sacrament was received. Copy of baptismal certificate must be on file) Baptism _____ Communion _____	Please list any accommodations or special learning needs:
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Child 4: Name _____ Birthdate _____ Grade in the fall _____ Last grade of RE completed _____ Session Choice (see below) #1 _____ #2 _____ #3 _____ Sacrament History (Date and parish where Sacrament was received. Copy of baptismal certificate must be on file) Baptism _____ Communion _____	Please list any accommodations or special learning needs:
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RE K-6 Session Choices

NEW Class Times

- Tuesday 5:30 - 7:00 p.m. (Tue)—Kdg - 6th grade
- Wednesday 6:00 - 7:30 p.m. (Wed)—1st - 6th grade
- Thursday 5:00 - 6:30 p.m. (Thu)—1st - 6th grade
- Saturday 8:45 - 10:15 a.m. (Sat)—FAITH BASICS ONLY

Home School is available for RE K-6 except for Grade 2

RE (3-6) Faith Basics—Saturday Only
Students entering the 3rd—6th grade who have **no** previous religious education will be placed in our Faith Basics Class. It is for 2 consecutive years that will prepare the students for their Sacraments of First Reconciliation and First Communion.

Confirmation Session Choices

Monday 7:00—8:30 p.m. Year 1
Thursday 7:00—8:30 p.m. Year 2
High School —Sunday—Time TBD

RE Phone 815.436.4501

2025-2026 School Year Registration

Confirmation Phone 815.436.2861

Financial

No family will be turned away because of financial need. Please contact us for information on financial assistance if needed.

Tuition

1 Child\$350

2 children\$475

3+ Children\$580

Other Fees

- ❖ Sacrament Fee \$50 per student/per Sacrament
(First Communion and Confirmation second year)

Tuition and fees workspace:

Family Tuition _____

Sacrament Fee _____

Total Tuition and Fees _____

Any past due balances must be reconciled at registration.

Payment Options (Check your choice)

- ☐ A) Pay in full at registration—cash, check, and credit/debit card payments accepted

PLEASE NOTE: credit/debit card payments must be made in-person

a 3% fee will be added to credit/debit card transactions

- ☐ B) Pay via 2 Automatic Deductions from your Bank Account on June 5 and November 6

Be sure to complete the attached Auto Deduction Form

- ☐ C) I will request financial assistance via the FACTS Program

More info is available on the FACTS form in this packet

Medical

Please list out any medications or other medical issues we should be aware of for your child's safety. If not applicable please indicate N/A.

Name /Issue _____

Name /Issue _____

Name /Issue _____

Name /Issue _____

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren), by the people in charge of Religious Education Grades K-6 and Confirmation Program in the event that I am not in attendance, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to administer proper treatment.

Emergency Contact Name (*not the parents*) _____

Relationship to student _____

Emergency Contact Phone # _____

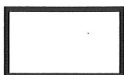
Spiritual Commitment

I understand my responsibilities both as a Catholic and a parent to attend Mass on a weekly basis. I am making a commitment to maintain our weekly attendance at Mass, or if we are not currently doing so, to strive to attend Mass regularly with my children and prayerfully seek ways to support St. Mary Immaculate Parish with our time, talent, and treasure.

In signing my name below I acknowledge all sections of this registration form including the Diocesan Sign Off Sheet, Medical Permission and my Spiritual Commitment to my family.

Parent Signature

Date



Please call me I would like to volunteer during my child's RE/Confirmation Session



Automatic Tuition Deduction Form

2025-2026

Deduction Dates: June 5 and November 6

Family Name _____

Family ID# _____

Office Use Only

Family Information *(please print all information legibly)*

Name _____

Address _____

City, State, Zip _____

Phone _____

Email Address _____

Student names 1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

I authorize St. Mary Immaculate Parish to debit my tuition payments from the bank account specified on this form. This authorization will remain in effect as long as my child is enrolled during the above-mentioned school year until I give reasonable change notice with updated information. I understand there will be a non-sufficient funds (NSF) fee charged to my account for any NSF debits.

Authorized Account Signature:

Date: _____

Account Information *(please provide Bank information)*

Bank Account Information

Bank Name

Account Type

☐ Checking —attach VOIDED check

☐ Savings — attach savings deposit slip

Routing # _____

Account # _____

Electronic Funds Transfer (EFT) using Bank Account Information is the preferred payment method to avoid fees and to keep all your tuition dollars at SMI.

Fee Summary

Description Total — — — —

Total Tuition and Fees from registration

Account Information/Changes

Date Note

How do I apply for financial aid for Religious Education or Confirmation Tuition?

➤ Go to this website:

<https://online.factsmgt.com/signin.aspx>



➤ In the New User Registration Box click “Register”

➤ On the “Institution Sign up” page click the bullet for “Search for my Institution”

➤ In the “Institution search Box” type in 60544 in the zip code box. Click green search button.

➤ When you see the institution choices appear, click on the “St Mary Immaculate Religious Education/Confirmation” institution

➤ This will take you to the beginning of the St. Mary Immaculate Religious Education/Confirmation section of FACTS.

From this point – follow the prompts to create your own account to enter your own personal financial information.



➤ Information that you will need to complete the application:

- What year you will be applying for (2025-2026)
- Total due (tuition and fees) for your family (see below)
- Tax return for tax year 2023 or 2024 (only one year is needed)
- Household expenses, student loans, other financial obligations
- Means to pay the \$40 processing fee—debit card or credit card

There will be a \$40 non-refundable processing fee that all applicants will have to pay to the FACTS program to apply for aid.

FACTS Tuition and Fees Worksheet (\$40 processing fee required)

Current Tuition 2025-2026 \$ _____

Sacramental Fee(s) \$ _____

TOTAL Due for 2025-2026 \$ _____

Go to this website to complete application:

<https://online.factsmgt.com/Signin.aspx>

We will hold the registration in our pending file until we receive word from our Business office of the financial resolution. We will contact you when the process is complete.