

Divine Savior Religious Education

7740 W. MONTROSE AVENUE
NORRIDGE, ILLINOIS 60706
(708) 456-9000
FAX (708) 456-7838

2008-2009 REGISTRATION INFORMATION

CLASSES BEGIN:

GRADES Pre-K-5: SATURDAY, SEPTEMBER 13, 2008, 9:00 - 10:15 AM
GRADES 6-8: WEDNESDAY, SEPTEMBER 17, 2008, 6:45 - 8:00 PM

STUDENTS WILL MEET IN THE CHURCH ON THE FIRST DAY OF CLASSES FOR ROOM ASSIGNMENTS. USE SCHOOL ENTRANCE ON EAST SIDE OF BUILDING.

*SEE ATTACHED CALENDAR FOR COMPLETE SCHEDULE OF CLASSES.

TUITION:

\$150 FOR ONE CHILD	NON-PARISHIONER: \$175
\$175 FOR TWO CHILDREN	NON-PARISHIONER: \$200
\$200 FOR THREE OR MORE CHILDREN	NON-PARISHIONER: \$225

*BOOKS AND MATERIALS ARE INCLUDED IN TUITION CHARGES.

*SEE TUITION PAYMENT AGREEMENT FORM FOR ADDITIONAL FEES

TO REGISTER:

*COMPLETE THE ATTACHED REGISTRATION AND TUITION FORMS AND RETURN THEM TO THE RECTORY OFFICE. FORMS MAY BE MAILED OR DROPPED OFF AT THE OFFICE.

***A MINIMUM PAYMENT OF \$25.00 PER FAMILY IS DUE AT THE TIME OF REGISTRATION.** SUBSEQUENT PAYMENTS MAY BE MADE WEEKLY OR MONTHLY. FINAL PAYMENT OF ALL TUITION IS DUE BY FEBRUARY 1, 2009. IF THERE IS A FINANCIAL DIFFICULTY, PLEASE CONTACT MARY COBAN AT (708) 456-9000.

***REGISTRATION FORMS MUST BE RETURNED NO LATER THAN WEDNESDAY, AUGUST 27, 2008. A \$10.00 LATE FEE WILL APPLY FOR ALL REGISTRATIONS RECEIVED AFTER THIS DATE.** REGISTRATIONS WILL NOT BE ACCEPTED ON THE FIRST DAY OF CLASSES. YOUR CHILD'S NAME WILL NOT APPEAR ON A CLASS LIST IF WE DO NOT RECEIVE A COMPLETED 2008-2009 REGISTRATION FORM.

*COPIES OF BAPTISMAL CERTIFICATES ARE NOT REQUIRED IF THEY ARE ALREADY ON FILE.

*PLEASE CONTACT MARY COBAN AT (708) 456-9000, WEEKDAYS BETWEEN 9:00 AM AND 4:00 PM, IF YOU HAVE ANY QUESTIONS.

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2008-2009 ADDITIONAL REGISTRATION INFORMATION

ATTENDANCE:

STUDENTS ARE EXPECTED TO ATTEND CLASSES AS SCHEDULED, AND TO ARRIVE ON TIME.

ABSENCES FOR ALL STUDENTS MUST BE REPORTED BY A PARENT OR ADULT GUARDIAN BEFORE THE START OF CLASS. PLEASE CALL (708) 456-9000 OR (708) 456-9074 TO REPORT AN ABSENCE. PLEASE LEAVE A VOICEMAIL MESSAGE FOR MARY COBAN IF NO ONE IS IN THE OFFICE.

PARENTS WILL BE CONTACTED REGARDING EXCESSIVE ABSENCES OR TARDINESS.

STUDENTS ARE EXPECTED TO COMPLETE ALL LEVELS OF INSTRUCTION IN THE PROGRAM (GRADES 1-8).

SACRAMENTAL REQUIREMENTS:

STUDENTS MUST COMPLETE TWO YEARS OF INSTRUCTION (GRADES 1 & 2) PRIOR TO RECEIVING THE SACRAMENTS OF FIRST RECONCILIATION AND FIRST COMMUNION.

STUDENTS MUST COMPLETE THREE YEARS OF INSTRUCTION (GRADES 6, 7 & 8) PRIOR TO RECEIVING THE SACRAMENT OF CONFIRMATION.

* A PARENT HANDBOOK WILL BE MAILED TO ALL REGISTERED FAMILIES PRIOR TO THE START OF CLASSES.

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2008 - 2009 CLASS SCHEDULE

Please Note: Dates for Parent Meetings and Religious Education Liturgical Celebrations will be included in the Parent Handbook and in newsletters or notices sent home during the year.

GRADES PRE-K - 5 SATURDAY: 9:00 - 10:15 AM

September: 13, 20, 27

October : 4, 11, 25
(No classes on October 18)

November: 8, 15, 22
(No classes on November 1 & 29)

December: 6, 13, 20
(No classes on December 27)

January: 10, 17, 24, 31
(No classes on January 3)

February: 7, 14, 21, 28

March: 7, 14, 21
(No classes on March 28)

April: 4, 18
(No classes on April 11)

**First Communion Practice
(For 2nd Grade Level Students)
Saturday, April 25, 2009
9:00 - 10:30 AM**

**FIRST COMMUNION MASS
Saturday, May 2, 2009
10:00 AM**

GRADES 6 - 8 WEDNESDAY: 6:45 - 8:00 PM

September: 17, 24

October: 1, 8, 15, 22
(No classes on October 29)

November: 5, 12, 19
(No classes on November 26)

December: 3, 10, 17
(No classes on December 24 & 31)

January: 7, 14, 21, 28

February: 4, 11, 18, 25

March: 4, 11, 18
(No classes on March 25)

April: 1, 15
(No classes on April 8)

**Confirmation Spirit Day
(For 8th Grade Level Candidates)
Tuesday, April 14, 2009
9:00 AM - 3:00 PM**

**SACRAMENT OF CONFIRMATION
Monday, April 20, 2009
7:30 PM**

Divine Savior Religious Education

2008-2009 REGISTRATION FORM

FAMILY INFORMATION

(PLEASE PRINT ALL INFORMATION, COMPLETE EACH SECTION, AND SIGN WHERE INDICATED.)

FATHER	MOTHER
Last Name: _____	Last Name: _____ (if different from Father's)
First Name: _____	Maiden Name: _____
Religion: _____	First Name: _____
Work Phone: _____	Religion: _____
Cell Phone: _____	Work Phone: _____
	Cell Phone: _____

Address: _____ City: _____ Zip Code _____

Home Phone: _____ E-mail: _____

Registered Members of Divine Savior Parish: Yes No

If not registered at Divine Savior, please list parish where registered: _____

Marital Status: Married Separated Divorced Widowed Remarried

Child(ren) live(s) with: Both Parents Mother Father Other

If child(ren) live(s) with someone other than a parent, indicate name and relationship: _____

EMERGENCY/MEDICAL TREATMENT INFORMATION

In the event that the undersigned, or my authorized physician, cannot be reached and in the judgment of the Director of Religious Education or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child, I hereby request and authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary. I agree to assume the responsibility for any diagnosis/treatment and for medication deemed necessary. (This release is intended for September, 2008 through May, 2009.)

Name of Physician: _____ Phone: _____

Medical Insurance Company: _____ Insurance Number: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Special Needs: My child has a special medical condition or other need of which the Director of Religious Education and his/her teachers should be aware.

Child's Name: _____ Medical Condition/Special Needs: _____

Child's Name: _____ Medical Condition/Special Needs: _____

Signature of Father / Mother / Legal Guardian (please circle)

Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

COMPLETE THIS SECTION FOR RETURNING STUDENTS (GRADES 2-8)

Child's Last Name	First Name	Grade Level (2008-09)	School Attending	Birth Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**COMPLETE THIS SECTION FOR NEW STUDENTS
(PRE-SCHOOL/GRADE 1 and ALL NEW REGISTRATIONS)**

Child's Last Name	First Name	Grade Level (2008-09)	School Attending	Birth Date
_____	_____	_____	_____	_____

Date of Baptism: _____ Church: _____
(A copy of the Baptismal Certificate is required if the child was not baptized at Divine Savior.)

Has this child received First Reconciliation? ____ Yes ____ No First Eucharist? ____ Yes ____ No

If yes, where? _____

Has this child previously attended Religious Education classes? ____ Yes ____ No

If yes, where? _____

Child's Last Name	First Name	Grade Level (2008-09)	School Attending	Birth Date
_____	_____	_____	_____	_____

Date of Baptism: _____ Church: _____
(A copy of the Baptismal Certificate is required if the child was not baptized at Divine Savior.)

Has this child received First Reconciliation? ____ Yes ____ No First Eucharist? ____ Yes ____ No

If yes, where? _____

Has this child previously attended Religious Education classes? ____ Yes ____ No

If yes, where? _____

Child's Last Name	First Name	Grade Level (2008-09)	School Attending	Birth Date
_____	_____	_____	_____	_____

Date of Baptism: _____ Church: _____
(A copy of the Baptismal Certificate is required if the child was not baptized at Divine Savior.)

Has this child received First Reconciliation? ____ Yes ____ No First Eucharist? ____ Yes ____ No

If yes, where? _____

Has this child previously attended Religious Education classes? ____ Yes ____ No

If yes, where? _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

