



## ONLINE REGISTRATION INSTRUCTIONS-Youth Faith Formation

Thank you for your interest in registering your child(ren) in our Youth Faith Formation Program for 2022-2023. Recognizing parents as the primary catechists for their family/children, St. Raphael Faith Formation office strives to work alongside the parents to share the truths and joys of the Catholic faith with their family. Below you will find the details about our program (1st Grade and above) and how to enroll your family in the St. Raphael Youth Faith Formation program.

### General Information

- You must be a registered parishioner at St. Raphael in order to enroll your child(ren). We continue to be honored by your desire to join our parish family. Following Christ's teaching on hospitality, all wishing to become parishioners are invited to **gather at 9:00am (immediately after the 8:00am Mass) on the 1st or 3rd Sunday of most months in room 162**. Please contact our parish office at 630-355-4545 for more information.

### Grades 1-6

- Classes will be offered in-person at St. Raphael School. Class sessions are following: **Monday 4:45 to 6:00 and Tuesday 4:45-6:00 and 6:30-7:45**. Classes begin on Monday, September 26th and Tuesday, September 27th.
- First Reconciliation and First Eucharist— Preparation for First Reconciliation and First Eucharist is a two-year program. Therefore, parents should enroll their child in 1st grade if they wish for their child to receive the sacrament in 2nd grade. For students in 2nd grade who did not attend a 1st grade program, parents should contact the Youth Faith Formation Office at 630-615-7614. Students beyond 2nd grade who need to complete these sacraments will need to discuss the situation with the Director of Children's Faith Formation.

### Grades 7-10

- *Grade 7*—Will meet on Sundays at St. Raphael Church. The first semester will focus specifically on the Mass using: *Altaration: The Mystery of the Mass Revealed* by Ascension Press. The second semester will focus on portions of Theology of the Body for Middle School Teens. Topics will include God's plan for humanity, identity, virtue/vice, vocation, human dignity, and more.
- *Grade 8*—is the start of the *Chosen Confirmation Program*. Groups will meet at St. Raphael's or in the home of the catechist most likely on Sundays. Times will vary. When registering please feel free to add preferences on meeting time, location, catechist, or friend requests. The program will start with a student AND parent meeting on September 25th from 3:30-5:00pm in the gym. They will meet their catechists, receive materials, and the Director will go over the entire program.
- *Grade 9*—continues the *Confirmation Program*. Students will generally be in the same group as in 8th grade. Any student registering for 9th grade must have completed the 8th grade program. Catechists will be in contact with their groups to provide more specific details on when/where they will meet, but they usually meet the same time as the previous year. Start date is September 25th.
- *Confirmation Grade 10*—Students that have completed the first two years of the *Confirmation Program* will receive the sacrament on Saturday, October 22nd. These students still must be registered, pay the sacramental fee, and complete the requirements of the program to be confirmed



## Youth Faith Formation Program Online Registration/Payment

**IMPORTANT:** In order to be assigned to a class, you must complete the online registration, **COMPLETE AND RETURN THE MEDICAL FORM** (one for each child) (insert link here) and pay tuition in full (see Tuition Worksheet for fees.)

If your child was baptized at another parish, we must have a copy of the Baptismal Certificate on file in order for your child to be enrolled.

Enrollment and placement is done on a first-come, first-served basis. If a tuition waiver or payment plan is needed, please contact the Youth Faith Formation Office at 630-615-7614.

**Step 1:** Print and complete the 2022-2023 Tuition Worksheet for your own reference.

**Step 2:** To register your child click on the Faith Formation tab on the website. Drop down to Youth Faith Formation tab. You will register each child separately. Complete all the required information; press "Register"; if you need to register another child, please click on "Register for another class." **Please be sure to complete the Medical Form, your child will not be placed in a class until this is received. Please fill out a separate Medical Form for each child you are registering.**

**Step 3:** Choose payment; go to YFF Fees; follow instructions to pay tuition and/or sacramental fees.

After completing your registration please look for a confirmation email from the Youth Faith Formation Office to confirm registration or request more information.

# Tuition Worksheet

## General Information:

Please complete the worksheet below to determine the amount you will owe, and then enter the total amount when you are brought to the Our Sunday Visitor (OSV) website for payment upon completion of the Student Registration Form.

## Worksheet:

### Tuition Grades 1-9

One Child..... \$195.00  
Two Children..... \$270.00  
Three or more Children..... \$320.00


### Sacramental Fees (First Reconciliation, First Eucharist, Confirmation)

Reconciliation/Eucharist Fee..... \$65.00  
Confirmation..... \$65.00


### Discount:

Lead Catechist..... \$195.00  
Co-Catechist..... \$120.00  
Substitute Catechist (Grades 1-6)..... \$75.00  
Hall Monitor (Grades 1-6)..... \$ 75.00


Total

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Note that no child will be denied formation in the Catholic faith due to financial hardship. If financial assistance is needed, please contact the Youth Faith Formation Office to discuss your needs.



Participant Name		Last	
Address		City	Zip
Parent Name		Name-Parent/Guardian 2	
Parent Cell		Cell-Parent/Guardian 2	
Parent Email		Teen Cell - (HS Only)	
Parish Name		City	Zip
School Attending		City	
Date of Birth	Age	Grade	M/F

**GENERAL PERMISSIONS**

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

**VIDEOS, PHOTOS, and VIRTUAL PLATFORMS**

Videos and or/photos may be taken during this event. This authorization form constitutes permission to use my image in video and/or photos which may be used for future promotional efforts including the parish and/or Diocese of Joliet website. *If you wish to opt out of this permission initial here: Parent/Guard Initial \_\_\_\_\_*

**CODE OF BEHAVIOR**

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

**EXPECTATIONS**

- All participants are expected to arrive on time.
- All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverages is prohibited.
- The possession of any illegal substances is prohibited and subject to legal action.
- Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
- Weapons and/or drug paraphernalia are prohibited.

**INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.**

*I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.*

Parent/Guardian initial \_\_\_\_\_ Participant initial \_\_\_\_\_

**MEDICAL PERMISSION FORM**

I grant permission for the administration of First Aid to my child: \_\_\_\_\_ by the people in charge of the event and those transporting my child to and from the event as their judgement 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 of 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 hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

**MEDICAL INFORMATION**

**ALLERGIC TO MEDICATIONS:** YES  NO

If YES, please describe: \_\_\_\_\_

**ALLERGIC TO OTHER:** \_\_\_\_\_

**OTHER CONDITIONS:** \_\_\_\_\_

**INSURANCE INFORMATION**

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ I.D.# \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

**EMERGENCY CONTACT**

In the event of an emergency please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Participant Signature	Date
Parent/Guardian Signature	Date