



June 1, 2022

Dear Religious Education Families:

As the summer season begins, the Faith Formation/Religious Education Office is continuing to plan for the 2022-2023 R.E. programs. This letter is an overview of the Religious Education registration process for pre-kindergarten, kindergarten, elementary, and middle school grades. Please direct questions about any registration forms to the Faith Formation/Religious Education office at (630) 305-6318 or email readmin@stapostle.org

LOCATION AND START DATE FOR RELIGIOUS EDUCATION SESSIONS

Grade Level	Time and Day of Week Options	Class Location	Starting Date
Pre-K and K	Sat., 8:30-9:45	All Saints Catholic Academy, 1155 Aurora Avenue, Naperville	Saturday, September 10
K		Tuesday: (tentative) Brookdale School, 1200 Redfield Road, Naperville	Tuesday, September 20
Grades 1-5	Sat., 8:30-9:45 OR Tues., 4:30-5:45	Saturday: All Saints Catholic Academy Tuesday: (tentative) Brookdale School, 1200 Redfield Road, Naperville	Saturday, September 10 OR Tuesday, September 20
Grades 6-8	Sat., 8:30-9:45 OR Mon., 7:15-8:30	Saturday and Monday classes meet at All Saints Catholic Academy	Saturday, September 10 OR Monday, September 12

TUITION SCHEDULE FOR PRE-KINDERGARTEN THROUGH MIDDLE SCHOOL

By July 1st: 1 child - \$145 2 children - \$240 3 or more children - \$315

A late fee of \$50 will be applied to all registrations received **after July 1st**.

YOU'RE INVITED TO A SPECIAL MASS AND SOCIAL –

Sunday, August 28th 11:15 a.m. Mass & Catechist Meet and Greet. Please join us to celebrate the start of another year of faith formation.



Religious Education registration includes: Registration Form, Medical Release Form, Permission to Administer Medication (if applicable), Acknowledgement Form, Volunteer Form and payment. Payment in full is preferred. However, ½ of the registration fee is acceptable with the balance due on August 31.

*If the deposit is a financial burden, please contact the Faith Formation/Religious Education office (630) 305-6318 so that other payment arrangements can be made.

Registration is not considered complete unless forms are completely and accurately filled out (i.e. medical insurance policy numbers and identification numbers, emails, etc.). Children will not be placed in class unless all forms are complete.

REGISTRATION FORM

- Sacrament information section - accurately check the sacraments your child has already received.
- Additional First Eucharist and First Reconciliation information will be mailed in late fall
- Baptism is available for children who have not yet been baptized. Contact the Main Office (630) 355-8980 for more information.
- Due to the large number of students, we cannot honor special requests for catechists and/or class assignments.

MEDICAL RELEASE FORM

- Policy number and identification number must be included.

PERMISSION TO ADMINISTER MEDICATION FORM (optional, as needed)

- For children with allergies and other medical needs, please completely fill out the **Permission to Administer Medication Form.**

ACKNOWLEDGEMENT FORM

- All families must sign this form acknowledging they have read the documents listed.
- The documents referred on the form are found on the St. Thomas website at stapostle.org or the St. Thomas Naperville App.

VOLUNTEER FORMS

- Your presence is wanted and needed as a catechist, aide or volunteer.
- All volunteers will receive training and materials.
- As a way to say ‘thanks’, tuition for the children of catechists is waived.

FAMILIES ARE INVITED TO A SPECIAL MASS AND SOCIAL –

Sunday, August 28th 11:15 a.m. Mass & Catechist Meet and Greet. Please join us to celebrate the start of another year of faith formation.

Thank you in advance for your cooperation. Working together, we are sure that we can assist and enrich the spiritual growth of our children.

Blessings,

Lorraine Katz
Director, Elementary Religious Education
lkatz@stapostle.org
630-355-8980 ext.109

Peggy H. Goralski
Director, Middle School Faith Formation
pgoralski@stapostle.org
630-355-8980 ext.123

ST. THOMAS THE APOSTLE RELIGIOUS EDUCATION REGISTRATION 2022-2023

2022-2023	Office Use Only:		Family # _____	Deposit Form # _____	
Date: _____	Paid: _____	Balance: _____	Date: _____	Paid: _____	Balance: _____
RE: _____	MS: _____	Medical Release Form: _____	Acknowledgment Form: _____		

NAME: _____ / _____ / _____
(family) (parent 1) (parent 2)

ADDRESS: _____

TOWN: _____ **ZIP CODE:** _____

CELL PHONE NUMBER: (parent 1) _____ (parent 2) _____

PHONE: _____
(home) (work-parent 1) (work-parent 2)

EMAIL ADDRESS: _____

TUITION FEES: PRE-KINDERGARTEN THROUGH EIGHTH GRADE

By July 1st: 1 Child - \$145 2 Children - \$240 3 or more Children - \$315

A late fee of \$50 will be applied for all registrations received after July 1st.

Note: Payment in full is preferred. However, a deposit of half of the total tuition is required at the time of registration. The balance is due by August 31st. Please make every effort to have registration materials returned by July 1st. Make checks payable to St. Thomas the Apostle.

MONDAY

7:15 – 8:30pm
 All Saints Catholic Academy
 Middle School (Grades 6-8)

TUESDAY

4:30 – 5:45 pm
 Brookdale Elementary School
 Elementary (Grades 1-5)

SATURDAY

8:30 – 9:45 am
 All Saints Catholic Academy
 Pre-Kindergarten (4 yrs. old by Sept. 1)
 Kindergarten (5 yrs. old by Sept. 1)
 Elementary (Grades 1-5)
 Middle School (Grades 6-8)

Please check the box for every sacrament your child has received.

CHILD'S NAME	M/F	Baptism	1 st Comm.	Recon.	Grade entering This Fall	Birthday	Session Preferred M = Monday T = Tuesday S = Saturday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T S
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T S
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T S
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T S

During the year we may take pictures/videos of your child/children involved in Religious Education activities. We may use the pictures/videos for general St. Thomas publicity (i.e. Facebook, bulletin) and/or Diocese of Joliet website. By signing below you are allowing us to do so.

Parent/Guardian: _____

St. Thomas the Apostle Religious Education
Medical Release Form

This form must be completed and returned with the 2022-2023 Registration Form

Family Name: _____

Student Names: _____

Address _____

City: _____ State: _____ Zip: _____

Parent 1 Name: _____ Cell Phone: _____

Parent 2 Name: _____ Cell Phone: _____

Emergency Contact 1 Name: _____ Cell Phone: _____

Emergency Contact 1 Name: _____ Cell Phone: _____

Insurance Information

Policy in the Name of: _____ Insurance Company _____

Group Number or Policy Number or Identification Number _____

*Please advise the Religious Education Office immediately of any changes to the above information

IMPORTANT INFORMATION

1. Medical Needs: Allergies, Medications, Etc.

2. Special Educational Needs: Our parish is committed to making reasonable accommodations for children with special physical, learning, or behavioral needs. Please indicate below if your child has a special need in one of these areas. Knowing this will enable the best placement of your child in a group.

I grant permission for the administration of first aid to the above named child BY THE PEOPLE IN CHARGE of ST. THOMAS THE APOSTLE RELIGIOUS EDUCATION and those transporting my child to and from the program 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 that 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 case of a medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend St. Thomas the Apostle 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.

Signature of Parent/Guardian

Date

Name of Family Physician

() _____
Phone Number



PERMISSION TO ADMINISTER MEDICATION

This form must be returned to _____ Office.

The following information must be completed by the parents:

Student's Name _____ Birth Date: _____

Address _____ Home Phone: (____) _____

Emergency Phone Numbers: _____

Class Information: Grade: _____ Day: _____ Time: _____

Instructor's Name: _____

Medications the child is taking or may need to take: _____

I hereby confirm my primary responsibility to administer medications to my child. However, in the event that I am unable to do so, I hereby authorize _____ Parish and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child (or allow my child to self administer, while under the supervision of the employees or agents of _____)

Lawfully prescribed medication in the manner described below. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO MY CHILD TO BE PREFORMED BY AN INDIVIDUAL OTHER THAN A NURSE OR HEALTH AIDE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I further acknowledge and agree that, when the lawfully prescribed is so administered or attempted to be administered, I waive any claims I might have against _____ Parish, its employees and agents and the Catholic Diocese of Joliet, arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify _____, its employees and agents, _____ Parish and the Catholic Diocese of Joliet, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

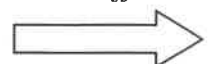
Parent Signature: _____ Date: _____

Important Information About Medications

The medication is to be brought to the Religious Education Program in its original pharmaceutical container, clearly marked with the child's name, the medication name, and pertinent information. Duplicate prescription bottle can be obtained from your pharmacist. Medication should be dropped off at _____ on days the child is present and picked up after class. We will not administer any medication sent in Tupperware, baggies, envelopes, etc.

The parents must report immediately any change in prescription or dosage. New permission forms must be obtained for each charge.

The Permission to Administer Medication Form will be kept in the Religious Education Office.



The following information must be completed by the physician:

Physician's Name: _____ Phone: (____) _____

Physician's Address: _____

Patient Name: _____ Date of Birth: _____

Name of Medication _____	Dosage _____	
Route of Administration _____	Frequency _____	Times _____
Intended Effect of Medication _____		
Possible Side Effects _____		
Additional Instruction/Comments _____		

Name of Medication _____	Dosage _____	
Route of Administration _____	Frequency _____	Times _____
Intended Effect of Medication _____		
Possible Side Effects _____		
Additional Instruction/Comments _____		

Name of Medication _____	Dosage _____	
Route of Administration _____	Frequency _____	Times _____
Intended Effect of Medication _____		
Possible Side Effects _____		
Additional Instruction/Comments _____		

The above medication as prescribed is necessary for this child to receive during Religious Education in order to maintain an optimal state of health.

Physician's Signature _____ Date _____

ALL PARENTS MUST RETURN THIS FORM AT TIME OF REGISTRATION.

We are required by the Diocese of Joliet to provide the documents outlined below to all families registered in our Religious Education Program. The documents can be found on our website: <https://www.stapostle.org/religious-education/registration-forms/> and the St. Thomas Naperville App. Near the middle of the page you will see *Policy Regarding Sexual Abuse of Minors and Vulnerable Adults* and *Standards of Behavior for Those Working with Minors and Vulnerable Adults* and *Parent Handbook* . Please review these documents and return this form with your signature along with your registration form and medical release form at the time of registration.

ACKNOWLEDGEMENT FORM
FOR
CLERGY, EMPLOYEES, VOLUNTEERS & PARENTS

This is to acknowledge that I have been provided with access to
and reviewed a copy of:

Policy Regarding Sexual Abuse of Minors and Vulnerable Adults
(Revised 2021)

The Standards of Behavior for Those Working with Minors and Vulnerable Adults (Revised 2021)

Parent Handbook Pre K – 8th Grade including Conduct & Discipline Policies

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 with them.

(Please print clearly)

Family Last Name: _____

Parent/Guardian
Name: _____

Position: Parent / Volunteer

Agency/parish/institution: St. Thomas the Apostle Catholic Church

City: Naperville, IL

Signature _____

Date _____

ADULT/TEEN VOLUNTEER FORM
For Grades PRE-K - 5TH

NAME _____ **PHONE** _____

EMAIL _____

St. Thomas Religious Education Program is made possible by the number of people who are willing to devote time and energy to share the Good News of Jesus with the youth of the parish. As you register children in the program, please pray and discern if you are able to make a commitment to this valuable ministry. You will be contacted by Lorraine Katz with more information.

	<u>TUES. 4:30 P.M.</u>		<u>SAT. 8:30 A.M.</u>	
	<i>Catechist</i>	<i>Aide</i>	<i>Catechist</i>	<i>Aide</i>
P-K	<u>N/A</u>	<u>NA</u>	_____	_____
K	_____	_____	_____	_____
GR.1	_____	_____	_____	_____
GR.2	_____	_____	_____	_____
GR.3	_____	_____	_____	_____
GR.4	_____	_____	_____	_____
GR.5	_____	_____	_____	_____

	<u>Tues. 4:30</u>	<u>Sat. 8:30</u>	<u>Preferred Grade(s)</u>
<i>Substitute Catechist:</i>	_____	_____	_____
<i>Substitute Aide:</i>	_____	_____	_____
<i>Volunteer (extra help):</i>	_____	_____	
<i>Administrative Helper:</i> (During RE)	_____	_____	
<i>Crossing Guard:</i>	_____	_____	

*All Faith Formation volunteers, over age 18 are required to take the workshop, Protecting God's Children, and have a background check. The Protecting God's Children workshop is available online. Go to www.virtusonline.org, click on the FIRST TIME REGISTRANT, follow the on-screen instructions. **For assistance, please contact Lorraine Katz at (630)355-8980 ext. 109.***

If you have already completed PGC, please list location here: _____

Please return to the Faith Formation/Religious Education Office.

ELEMENTARY AND MIDDLE SCHOOL RELIGIOUS ED FAMILIES

MEET AND GREET MASS AND SOCIAL

SUNDAY AUGUST 28, 2022

11:15AM MASS



MEET FR. PETER INFANGER.

MEET YOUR CATECHIST.

SEE OLD FRIENDS AND MEET NEW ONES.

REFRESHMENTS WILL BE SERVED.