



Transfiguration School of Religion

316 W. Mill Street
Wauconda, IL 60084
Phone (847) 526-6400

reled@transfigurationwauconda.com

Spring 2024

Dear Families,

Welcome to the School of Religion 2024/2025! Thank you for your interest in registering your family for faith formation. Our desire is to help your family grow as passionate disciples of Jesus Christ.

Our program this year will be Family Catechesis (Homeschool) for those of you who would like to continue to study at home. As well as In-Person, see the following class date and time that will be available:

- **Wednesday:** Grades 1 through 8, from 6:15 to 7:30 p.m. While children attend their class, parents attend Holy Hour in the Church at 7:00 p.m.
- **SAVE THE DATE** for the beginning of the faith formation year Mass on Wednesday, September 11, 2024, at 7:00 pm.

Three ways to submit your registration form:

1. Visit the SOR office and fill out the registration form, be sure to bring with you the fees, baptism, and First Communion certificate if applies (registrations will not be accepted without these requirements).
2. Mail a completed registration form along with the registration and materials fee and a copy of the baptism certificate and First Communion if applicable.
3. You may submit the registration form via email to reled@transfigurationwauconda.com and pay your fees with a debit or credit card through give central, if you pay in full, you will receive a \$50 discount. Please follow this link to make a payment through Give Central: <https://www.givecentral.org/location/86/event/1672> once there, follow these seven easy steps: **1.** Enter your information **2.** Add to my basket **3.** Check out **4.** Continue **5.** Give as a guest **6.** Enter your Credit Card **7.** Confirm Gift

*We look forward to sharing this special time of Sacramental preparation with your family.
Thank you for allowing us to share this faith journey with you and your family.*

At your service and Christ,

*M. Magdalena Gonzalez
School of Religion - Director*



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REGISTRATION FORM 2024-2025

CHILD INFORMATION

Child 1 Full Name: _____ **Date of Birth:** _____

Age ___ Gender ___ Academic Level ___ Include Certificates of Baptism ___ First Communion: ___

Child 2 Full Name: _____ **Date of Birth:** _____

Age ___ Gender ___ Academic Level ___ Include Certificates of Baptism ___ First Communion: ___

Child 3 Full Name: _____ **Date of Birth:** _____

Age ___ Gender ___ Academic Level ___ Include Certificates of Baptism ___ First Communion: ___

Child 4 Full Name: _____ **Date of Birth:** _____

Age ___ Gender ___ Academic Level ___ Include Certificates of Baptism ___ First Communion: ___

PARENTS INFORMATION

Father's Legal Name: _____ **Married:** _____

Mother's Legal Name: _____ **Maiden Name** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Email: _____ **Cell:** (____) _____

Child lives with: ___ Both Parents ___ Father only ___ Mother only **Both parents have legal custody** ___ Yes ___ No

If parents are separated provide legal custody _____

PLEASE INDICATE below the class session you would prefer your child to attend. (First come first serve)

FAMILY CATECHESIS (Homeschool)	WEDNESDAY 6:15 – 7:30 p.m.
Grades 1 through 8 <input type="checkbox"/>	Grades 1 through 8 <input type="checkbox"/>
Parents and children attend weekend Mass	While children attend their class, parents attend Holy Hour in the Church at 7:00 p.m.

<i>For Office Use Only</i>	RCIA Child <input type="checkbox"/>	<i>For Office Use Only</i>	FC Prep I <input type="checkbox"/>	FC Prep II <input type="checkbox"/>
		Special Sacraments	Conf. I <input type="checkbox"/>	Conf. II <input type="checkbox"/>
		I <input type="checkbox"/>	II <input type="checkbox"/>	

PERMISSION: For SOR to use your child's name and photo in bulletin, emails, or Facebook: Yes___ No___

MEDICAL AND ALLERGIES INFORMATION OR SPECIAL NEEDS:

Does your child have any food allergies, contact allergies, asthma or other medical conditions Yes / No
If yes, please explain: _____

Does your child have any physical or emotional problems, learning disabilities, hyperactivity? Yes / No
Are there any other conditions we need to know about? If yes, please explain: _____

IF WE CANNOT REACH YOU after a reasonable effort has been made to reach you; and in the judgment of parish authorities, immediate medical &/or hospital attention is indicated, do you authorize to send your child to an available hospital?..... Yes/No

COVID-19 families enrolling children in the program must understand their responsibilities in keeping children and employees safe, including prompt reporting of any known or suspected COVID-19 cases. Yes / No

IN THE EVENT OF AN EMERGENCY, if we are unable to reach you, we should contact:

Name: _____ Relationship: _____ Cell Number: _____

TUITIONS & FEES

REGISTRATION \$50 per family & **MATERIAL** \$50 fee per child (non-refundable)

PARISHIONER TUITION FEES: (contribution envelope) # _____

One child \$200 Two children \$350 Three children or more \$550

NON-PARISHIONER TUITION FEES: The Religious Ed. program is supplemented by the parish, if you are not a contributing member, your tuition will be: \$300 per child plus Reg. and Material fees

REGISTRATION & MATERIALS FEES MUST BE INCLUDED WITH THIS FORM		
	Registration & Material Fee	
	Tuition Fee	
<input type="checkbox"/>	I can help as a catechist/aide waive one child tuition pay only.	Catechist Discount
TOTAL DUE AT REGISTRATION		
	Pay in full - apply \$50 discount	
	PAYMENT	
	BALANCE DUE	

I WILL PAY THE REST OF TUITION IN THREE INSTALLMENTS ON 9/15 - 10/15 - 11/15/2024.

SET UP PAYMENT PLAN THROUGH GIVE CENTRAL OPTION: Debit/Credit Card	
Name on Card: _____	Card Number: _____
Exp. Date: _____ Cvv No. _____	<input type="checkbox"/> Set Up a Payment Plan: https://www.givecentral.org/location/86/event/1672

Parent's Signature _____ **Date** _____