



Mary Queen of Heaven 2025/2026 Faith Formation Registration

442 N. West Ave., Elmhurst, IL 60126

630-832-8962

Families in the Mary Queen of Heaven Faith Formation MUST be registered parishioners.

Family Last Name	Father's Name	Mother's Name	Mother's Maiden Name	(Circle One) Married Single Separated Divorced Widowed Children reside with: <input type="checkbox"/> father/mother <input type="checkbox"/> father only <input type="checkbox"/> mother only <input type="checkbox"/> other (specify)
Home Address (street number, apt.)	Father's Religion	Mother's Religion		
City, State, Zip		Primary Phone	Alternate Phone	
Primary e-mail	Alternate e-mail			

Family Faith		Sunday: 1x a Month
Code = FAM	K – 6 th	8:30 -11am 1 st Sunday*
Code = FCP	7 th – 8 th	8:30 – 11:30 am 2 nd Sunday*
*Refer to Calendar for monthly dates & exceptions; Note times for Family Faith include Mass		
Weekly Wednesday		
Code = W1	1 st – 5 th	3:15 – 4:30 pm
Code = W2	1 st – 6 th	5:00 – 6:15 pm
Code = W3	6 th – 8 th	6:45 – 8:00 pm

Initial payment is due prior to the start of classes. No refunds are given for withdrawal after Oct. 1, 2025.				
Tuition All Programs	Before 5/31/2025	6/1 to 7/15/2025	7/16 to 8/15/2025	After 8/15/2025
1 Child	\$255	\$280	\$310	\$350
2 Children	\$305	\$330	\$360	\$400
3+ Children	\$355	\$380	\$410	\$450

Per Child Fees		
Eucharist	Confirmation	6 th grade Bible
\$80	\$85	\$20

There is a \$50 per family fee to change the program session (date or time) after October 1, 2025.

Child's First Name	Preferred Session Code	Grade In Sept 2025	School	Birth date	Gender	Baptism Church & Date	1st Eucharist Year

PICTURE RELEASE: I agree to allow pictures to be taken of my children for the program and understand that pictures may be published in the parish bulletin and on the parish website. YES ____ NO ____

Signature (REQUIRED) _____ **Date** _____

We now accept credit card payments via WeShare: <https://www.wesharegiving.org/app/giving/WeShare-20000265?tab=home>

OFFICE USE ONLY	Date Received in Faith Formation Office:		Staff Initials	
Tuition (based on date registration received)		Amount Paid at Registration		Check #
Fees: Confirmation <input type="checkbox"/> Eucharist <input type="checkbox"/> Bible <input type="checkbox"/>		Completed Medical Authorization Form on back? YES <input type="checkbox"/>		
Catechist/Aide or Other Credit		Tuition Assistance Requested (Form must accompany registration)	<input type="checkbox"/> Form Filed <input type="checkbox"/> Met with Director	
Total Due				

2025/2026 AUTHORIZATION FORM

General Permission

I hereby give permission for my child/children to participate in the Mary Queen of Heaven Faith Formation Program. I hereby release and indemnify Mary Queen of Heaven, its staff, volunteers and the Joliet Diocese from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I understand that my child is responsible for following safety and behavior regulations while taking part in this program.

Medical Permission

I grant permission for the administration of First Aid by the people in charge of the program as their judgment deems advisable, and to make the necessary referrals to qualified medical personnel for 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 injury or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of 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 to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery, if deemed necessary for my child.

Name of Parent/Guardian (Print) _____

Signature of Parent/Guardian _____ Date: _____

Print Names of Children	Grade	Birth Date	Any Allergies and/or Medication

Address:: _____

Primary Phone: _____ Alternate Phone: _____

Emergency Contact (other than parent) - Name: _____

Relationship: _____ Phone: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ Identification/Social Security : _____

Authorized Physician: _____ Phone _____