

Family Registration Form
Saint Margaret Mary Religious Education
119 South Hubbard Street
Algonquin, IL 60102
(847) 658-9339
Religious Education Classes 2011/2012

DATE: _____

FAMILY NAME: _____

STREET ADDRESS: _____

CITY STATE: _____ ZIP CODE: _____

HOME PHONE: _____ UNLISTED?: _____

PARENT E-MAIL ADDRESS: _____

WHEN SENDING MAIL, ADDRESS TO (CHOOSE ONE)?

MR/MRS MR MRS MS DR/MRS MR/DR DR/DR

FAMILY ID NUMBER: _____ REGISTERED AT THIS CHURCH: Y N

=====PARENTS/GUARDIANS=====

RELATIONSHIP TO CHILD: _____ RELATIONSHIP TO CHILD: _____

NAME: _____ NAME: _____

WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

RELIGION: _____ RELIGION: _____

MARITAL STATUS: _____ MARITAL STATUS: _____

I AM INTERESTED IN VOLUNTEERING FOR:

I AM INTERESTED IN VOLUNTEERING FOR:

	Wed 6:00-7:45 PM	Sat 9:30 -11:15 AM
CATECHIST	GR: 1 2 3 4 5	GR: K 1 2 3 4 5
SUBSTITUTE	GR: 1 2 3 4 5	GR: K 1 2 3 4 5
AIDE:	GR: 1 2 3 4 5	GR: K 1 2 3 4 5

	Wed 6:00-7:45 PM	Sat 9:30-11:15 AM
CATECHIST	GR: 1 2 3 4 5	GR: K 1 2 3 4 5
SUBSTITUTE	GR: 1 2 3 4 5	GR: K 1 2 3 4 5
AIDE:	GR: 1 2 3 4 5	GR: K 1 2 3 4 5

***** EMERGENCY CONTACT INFORMATION THAT WE MUST HAVE! *****

IN CASE OF AN EMERGENCY AND YOU ARE UNABLE TO REACH ME, PLEASE CONTACT

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

*****PHYSICIAN/INSURANCE INFORMATION*****

NAME OF CHILD'S PHYSICIAN; _____ PHONE: _____

NAME OF HEALTH INSURANCE COMPANY: _____

POLICY IN THE NAME OF: _____

In case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of each child listed: _____.

In the event that I cannot be reached, I hereby give permission to the physician selected by the adults of the St. Margaret Mary Religious Education Program to secure proper medical treatment deemed necessary for my child. I understand that I will be promptly notified in the event of any serious accident or illness and prior to any major surgery, except where such communication would endanger life.

Signature of parent

Date

*****WALK TO ST MARGARET MARY CHURCH FROM RE CLASSROOM*****

I give permission for my child(ren) to walk directly from their RE classroom to St. Margaret Mary Church with a supervising adult who is authorized by the Religious Education Office.

Signature of parent

Date

* * * FILL OUT A SEPARATE PAGE FOR EACH STUDENT BEING ENROLLED * * *

FAMILY NAME: _____ FALL REL ED GRADE: _____
STUDENT NAME: _____ FALL SCHOOL GRADE: _____
BIRTHDATE: _____ GENDER: F M SCHOOL: _____
BIRTH PLACE: _____ RELIGION: _____

CIRCLE GRADE OF CATHOLIC SCHOOL AND/OR REL. ED. COMPLETED: K 1 2 3 4 5 6

CIRCLE SESSION REQUEST: GR 1-5 WED EVENING 6:00 – 7:45 PM GR K-5 SAT MORNING 9:30- 11:15 AM
GR 6 WED EVENING 6:00 – 7:45 pm GR 6 SAT MORNING 9:30 -11:15 AM

BAPTISM: CHURCH _____ DATE _____
RECONCILIATION: _____
1ST COMMUNION _____

MEDICAL INFORMATION

ANY INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL

DOES CHILD NAMED ON FORM REQUIRE ANY SPECIAL ATTENTION REGARDING AREAS LISTED BELOW? (PLEASE X ALL THAT APPLY):

ALLERGIES

___ Food (specify) _____
___ Medication (specify) _____
___ Bee Stings _____
___ Other (specify) _____

SPECIAL LEARNING NEEDS*

___ Individual Education Plan (IEP)
___ Attention Deficit Disorder
___ Behavior Disorder
___ Learning Disorder
___ Hearing Limitations
___ Visual Limitations
___ Reading Limitations
___ Writing Limitations
___ Speech Limitations

ILLNESSES

___ Asthma
___ Seizures
___ Other
___ Physical Limitations

* PLEASE EXPLAIN ANY CHECKED ABOVE:

DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS THAT WE SHOULD BE AWARE OF: YES _____ NO _____
IF YES, PLEASE SPECIFY: _____

I UNDERSTAND THAT IF ANY MEDICATION, INCLUDING INHALERS USED FOR ASTHMA, NEED TO BE TAKEN, DURING RE CLASS TIME, A PARENT/GUARDIAN NEEDS TO FILL OUT A DIOCESAN PERMISSION FORM AND LEAVE THE MEDICATION IN THE RE OFFICE.

Signature of Parent/Guardian

Date