

Office Use Only
 B/C – Y N
 Pd Date _____
 Check # _____
 Amt. Pd _____
 Cash _____

Class Time Options

Sunday: 1-3 PM or 7-9 PM
Or Tuesday: 7-9 PM

You may attend any class time that works
 out best with your schedule on a session by
 session basis.

REGISTRATION FORM
ST. MARGARET MARY PARISH
111 S. HUBBARD ST.
ALGONQUIN, IL

Registration Fee-\$75.00
 Checks payable to St. Margaret Mary YM

CONFIRMATION CLASSES 2009-2010 SCHOOL YEAR

TODAY'S DATE: _____

FAMILY NAME: _____ CANDIDATE'S NAME: (first) _____ (last) _____

MOTHER'S MAIDEN NAME: _____ (Required)

ADDRESS _____ P.O. BOX: _____

CITY: _____ ZIP CODE: _____ HOME PHONE: (____) _____
UNLISTED? Y N

EMAIL _____ Cell Phone # _____

REGISTERED AT THIS CHURCH: Y N **Envelope #** _____

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

RELATIONSHIP TO CHILD: _____	RELATIONSHIP TO CHILD _____
NAME: _____	NAME: _____
BUS PHONE: _____	BUS PHONE: _____
RELIGION: _____	RELIGION: _____
MARTIAL STATUS: _____	MARTIAL STATUS: _____

=====PHYSICIAN/INSURANCE INFORMATION=====

NAME OF PHYSICIAN: _____ PHONE: (____) _____

NAME OF HEALTH INSURANCE COMPANY: _____

POLICY IN NAME OF: _____

IN CASE OF MEDICAL EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN OF _____. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE ADULT STAFF OF ST. MARGARET MARY PARISH 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 WHEN DELAY IN COMMUNICATION WOULD ENDANGER LIFE.

 SIGNATURE OF PARENT/GUARDIAN DATE

IN EVENT OF AN EMERGENCY, IF YOU ARE UNABLE TO REACH ME, PLEASE CONTACT THE FOLLOWING:

NAME: _____

PHONE NUMBER: _____

CONTINUED:

CANDIDATE'S NAME (Last): _____ (First): _____

BIRTH DATE: ____/____/____

GRADE ENTERING IN FALL 2009: _____ AGE: _____ SEX: _____

SCHOOL: _____

ATTENDED RELIGIOUS EDUCATION HERE BEFORE: Y N

For Confirmation: Sacramental information must be filled out completely.

We are updating our records, no information remains on file. Please include all information on Sacraments.

	DATE	PLACE SACRAMENT WAS PERFORMED	Complete Address of Baptismal Parish
BAPTISM	___/___/___	_____	_____
PENANCE	___/___/___	_____	_____
1 ST COMM	___/___/___	_____	_____

Baptismal Certificates are **required** for *all* Confirmation candidates, even those baptized at St. Margaret Mary. **Baptismal certificates are not transferred from Religious Ed, so if you have submitted one in the past, we do not have a copy of that, we will need a new copy.**

===== **MEDICAL INFORMATION** =====

Does child named on form require any special attention regarding areas listed below? (PLEASE 'X' ALL THAT APPLY):

<u>ALLERGIES</u>	<u>SPECIAL LEARNING NEEDS*</u>	<u>ILLNESSES</u>
___ Food (specify) _____	___ Hearing limitations	___ Asthma
___ Medication (specify) _____	___ Vision limitations	___ Seizures
___ Bee stings	___ Reading limitations	___ Other
___ Other	___ Writing limitations	___ Physical limitations
	___ Speech limitations	
	___ Attention Deficit Disorder	
	___ Other	

*Please explain any checked above: _____

Does your child take any medications on a regular basis? YES _____ NO _____

If yes, please specify: _____

===== **VOLUNTEER OPPORTUNITIES: (Please check any you are interested in or add your talent)** =====

Facilitators of a Small Class _____ Chaperone for Outings _____ Drivers _____ Calling Tree _____ Prayer Network: _____

Mailer: ___ Retreat Facilitator ___ Office Help ___ Special Events Planners ___ Open Gym Chaperone ___

Service Project Planners ___ Public Relations ___ Other _____