Registration Form: 2019-20

Religious Education Program of Saint Mary
50 N Buffalo Grove Rd, Buffalo Grove, IL 60089
Phone: 847-537-9423 Fax: 847-808-0548
religious.education@stmarybg.org

OFFICE USE ONLY	
CTCST: ____________________	RM: ____________
SR: ________________________________ ___	
________________________________ ___	
________________________________ ___	
INTLS: _________	DATE: ___________

Each child must have a separate registration.
We consider your registration complete and ready to be processed if it includes:

___ signed **Registration Form for each child**
___ completed Helping Hands volunteer form.
___ Registration in FACTS tuition
___ **medical or special needs information**
___ Financial Record Sheet with full/partial payment.
___ record of baptism (for all new to Saint Mary)

ONE PER CHILD

Child's Name:	**Gender: Male Female**
Address:	**Home Phone:**
City and Zip:	**Primary Cell Phone:**

PLEASE CIRCLE ONE: Summer Intensive (SI) Family Catechesis (FC) Wed Afternoon (WA) Wed Evening (WE)
CIRCLE AS NEEDED: Confirmation (C) (see fee schedule on financial sheet)

1	**Child's Birth Date**		6	**Catholic Baptism***	**Received: Y / N** (If No go to #7)
2	**Name of school Child attends**		7	**Profession of Faith**	**Received: Y / N** (Only if no Catholic Baptism)
	Grade in Fall 2019				
3	**New to Saint Mary's Religious Education Program?**	**Y / N** (If No go to # 6)	8	**Communion**	**Received: Y / N**
4	**Formerly at Saint Mary's School?**	**Y / N** (If Yes go to # 6)	9	**Penance**	**Received: Y / N**
5	**Previous Religious Education Parish Name**		10	**Confirmation**	**Received: Y / N**
	City, State, Zip				

***A copy of the Baptismal certificate is needed for students new to Saint Mary Religious Ed.**
If Baptized at Saint Mary Parish we need only the date of Baptism: ________________________

CORRESPONDENCE AGREEMENT:

All correspondence will be done through e-mail.

Please list your e-mail address below. Print clearly:

Class lists may be provided which include name, address, phone number, and email. Please indicate below if you do not wish to have your contact information shared with other families in the class:
______ **DO NOT PUBLISH MY ADDRESS, PHONE NUMBER, OR EMAIL**

Photographs may be taken of students during Religious Education sessions and/or events to be used for display, in pamphlets or on the internet website. _______**DO NOT PHOTOGRAPH MY CHILD**

-over-

Mother's Full Name:	Father's Full Name:
Marital Status Married Divorced Widow **(Circle one)** Remarried Separated Single	**Marital Status** Married Divorced Widower **(Circle one)** Remarried Separated Single
(Please provide the following if different from above.) Address: ____ Home Phone: ____ Cell Phone: ____	**(Please provide the following if different from above.)** Address: ____ Home Phone: ____ Cell Phone: ____
Work Phone: ______________________________ Ext. ________	Work Phone: ____________________________ Ext.________
Occupation:	Occupation:
Parish Registered In: __________________________________ Religion: ____	Parish Registered In: ______________________________ Religion: ____

MEDICAL INFORMATION & LEARNING NEEDS: **Include medications, allergies, and other requirements. Any information about your child's strengths, weaknesses, and personal characteristics (shy, hyper, extrovert) are helpful for teachers to make the most of each student's classroom experience. (Please be specific regarding this information. This is for your child's benefit.)**

EMERGENCY INFORMATION**
(MUST BE COMPLETED AND SIGNED TO BE PROCESSED)**

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Director of Religious Education responsible for the Religious Education program, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of_____________________________________, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary. Date(s) for which release is intended: I understand this release is intended to cover all scheduled Religious Education classes and events which my child attends in the 2019-2020 catechetical year.

Signature____ Date____________________

Emergency Contact Home Phone: ______________________Cell Phone: _________________
(Other than parent): _____________________________ Relationship to child: _______________________

Emergency Contact Home Phone: ______________________Cell Phone: _________________
(Other than parent): _____________________________ Relationship to child: _______________________

Family Physician: ____ Phone: ________________________________