

## St. Mary and St. Michael Religious Education Registration 2019/2020

FAMILY (LAST) NAME: \_\_\_\_\_ PARISH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME OF CHILD	SEX	BIRTHDATE	GRADE	SPECIAL HEALTH CONDITION
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NAME OF FEMALE PARENT/GUARDIAN	Email	CELL/ PHONE (text? Y/N)
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NAME OF MALE PARENT/GUARDIAN	Email	CELL/ PHONE (text? Y/N)
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**Which email AND phone number would you like us to use for correspondence (circle above)**

RESPONSIBLE ADULT(s) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

NAME	RELATIONSHIP	PHONE
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PHYSICIAN OF CHOICE	ADDRESS	PHONE
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For 2<sup>nd</sup> grade and 8th grades: Name of church where child was Baptized:

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\*If you, or responsible adult, or physician of choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the parish authorities, immediate medical and/or hospital attention is indicated, do you AUTHORIZE responsible parish authorities to send your child (properly accompanied) to an available hospital or physician? Yes \_\_\_\_\_ NO \_\_\_\_\_

\*I understand any medication which may be needed during class time needs to be given to the office helper or teacher.

\*I consent to the use of videotape, audiotape, and photographs which may be taken during classes or activities to be utilized in bulletins, newspapers or newsletters.

\*I consent for my child to attend "field trips" supervised by adults who are authorized by the RE office.

\*I hereby release and discharge the Diocese of Rockford and its Bishop, and the Parish, and the officers, directors, employees, and volunteers of the same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in RE or related activities, unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish or its employees.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**FEE: Make check payable to St. Mary: \$50.00 one child, \$70.00 two children, \$90 three children, \$110 four or more .**

