

Office Use Only  
 B/C - Y N  
 Pd Date \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amt. Pd \_\_\_\_\_  
 Cash \_\_\_\_\_

**REGISTRATION FORM**  
**ST. MARGARET MARY PARISH**  
**111 S. HUBBARD ST.**  
**ALGONQUIN, IL**  
**847-658-7881**

**Session Options**  
**Sunday: 2:30-4:30 PM**  
**Or Tuesday: 7-9 PM**

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

Registration Fee-\$80.00  
 Checks payable to St. Margaret Mary YM

**CONFIRMATION CLASSES 2018-2019 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 \_\_\_\_\_ STUDENT CELL PHONE # \_\_\_\_\_

REGISTERED AT THIS CHURCH: Y N

Envelope # \_\_\_\_\_

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

RELATIONSHIP TO CHILD: _____	RELATIONSHIP TO CHILD _____
NAME: _____	NAME: _____
CELL PHONE: _____	CELL 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: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**CONTINUED:**

CANDIDATE'S NAME (Last): \_\_\_\_\_ (First): \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

GRADE ENTERING IN FALL 2018: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

SCHOOL FALL 2018: \_\_\_\_\_

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 <sup>ST</sup> COMM	__/__/__	_____	_____

Please submit a Baptismal Certificate with this form. It is **required** for *all* Confirmation candidates.\*

*\*If you were Baptized at St. Margaret Mary, a date will be sufficient; we can verify with the Parish Office.*

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

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

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

\*Please explain any checked above: \_\_\_\_\_

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

If yes, please specify: \_\_\_\_\_

**PARENT 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 \_\_\_\_\_