

GATHER Family Registration Form 2017/2018

Saint Margaret Mary RE/YM/HS
119 South Hubbard Street
Algonquin, IL 60102
RE: 847-658-9339 YM: 847-658-7881

<u>For office use only</u>
Date: _____
Amt Pd: _____
Cash _____ Check# _____
Balance due _____

PLEASE PRINT LEGIBLY

DATE: _____

FAMILY NAME: _____

STREET ADDRESS: _____

CITY STATE: _____ ZIP CODE: _____

HOME PHONE: _____ UNLISTED? YES NO

PARENT EMAIL: _____

REGISTERED AT THIS CHURCH: YES NO FAMILY ID NUMBER: _____

Tuition: Preschool thru 8th grade for children from the same family (circle one)

1 Child-\$160/ 2 Children-\$320/ 3 or more Children-\$480
High School Small Group Fee - \$30 Student

Please Choose/Circle Family Session: (parents and children attend the same session)

SUNDAY MORNINGS

WEDNESDAY EVENINGS

3-4 year old Preschool thru High School
10:15 a.m.—12:30 p.m.

OR

Kindergarten thru High School
5:45 p.m. to 8:00 p.m.

QUESTION: Would your family use childcare for a nominal fee for children 18M to 4yrs old if offered during Family sessions? YES NO

-----PARENT/GUARDIAN INFORMATION-----

Relationship to Child: _____

Relationship to Child: _____

NAME: _____

NAME: _____

CELL PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

RELIGION: _____

RELIGION: _____

MARITAL STATUS: _____

MARITAL STATUS: _____

*******REQUIRED: EMERGENCY CONTACT INFORMATION*******

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

-----PARENT/GUARDIAN INFORMATION-----

PHYSICIAN NAME: _____ PHONE: _____

NAME OF HEALTH INSURANCE COMPANY: _____

POLICY IN NAME OF: _____

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

In the event that I cannot be reached, I hereby give permission to the physician selected by the adult staff of St. Margaret Mary RE/YM programs to secure proper medical treatment 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 such communication would endanger life.

Signature of Parent: _____ Date: _____

STUDENT REGISTRATION INFORMATION

Please fill out a separate form for each child (Preschool thru High school)

FAMILY NAME: _____

STUDENT NAME: _____ **FALL 2017 RE/YM/HS GRADE:** _____

BIRTHDATE: _____ **GENDER: MALE FEMALE**

SCHOOL: _____ **GRADE (fall 2017):** _____

BIRTHPLACE: _____ **RELIGION:** _____

If High School: (Pick one) HS Classroom Aide HS Small Group

CIRCLE GRADES OF CATHOLIC SCHOOL OR RE/YM COMPLETED: P3 P4 K 1 2 3 4 5 6 7 8

STUDENT SACRAMENTAL INFORMATION (for new students only)

BAPTISM: **Church:** _____ **Date:** _____

Address: _____

RECONCILIATION: **Church:** _____ **Date:** _____

Address: _____

FIRST COMMUNION: **Church:** _____ **Date:** _____

Address: _____

STUDENT MEDICAL INFORMATION

Does child named on form require any special attention regarding any of the following areas listed below?

Please complete all that apply. Any information provided will remain confidential.

ALLERGIES: Food: _____ Medication: _____

Bee Stings: _____ Other: _____

SPECIAL LEARNING NEEDS: IEP, ADD, Behavior/Learning Disorders, Hearing,/Vision/Reading/Writing/Speech Limitations, other (specify):

ILLNESSES: Asthma, Seizures, Physical Limitations, Other:(specify):

Does your child take any medications on a regular basis? (Specify)

MEDICATION DISTRIBUTION POLICY

I understand that if any medications, including inhalers used for asthma, need to be taken during RE/YM class time, a parent/guardian needs to fill out a Diocesan Medication Permission Form.

Parent Signature: _____ Date: _____