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

Registration Fee-$80.00
Checks payable to St. Margaret Mary YM
Due Date: SEPTEMBER 1, 2022

CONFIRMATION CLASSES 2022-2023 SCHOOL YEAR

TODAY'S DATE: _____ **PLEASE PRINT ALL INFORMATION**

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

MOTHER'S MAIDEN NAME: _____ **(Required)**

ADDRESS _____ P.O. BOX: _____

CITY: _____ ZIP CODE: _____HOME/ CELL PHONE: (_____)_____

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 PHYSICAN: _____ PHONE: (_____) _____

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 WIL 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: _____

I GIVE ST. MARGARET MARY PERMISSION FOR MY YOUTH'S PARTICIPATION IN VIDEOS AND OR STILL PHOTOGRAPHS OF CONFIRMATION, WHICH MAY BE USED FOR FUTURE PROMOTIONAL EFFORTS, INCLUDING THE DIOCESE OF ROCKFORD WEBSITE, ST. MARGARET MARY WEBSITE AND SOCIAL MEDIA.

YES ☐

NO ☐ INITIAL: _____ **PLEASE FILL OUT THE BACK OF THE FORM** ⇨

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

BIRTH DATE: _____/_____/_____

GRADE ENTERING IN **FALL 2022**_____ AGE: _____ SEX: _____

SCHOOL **FALL 2022**: _____

ATTENDED RELIGIOUS EDUCATION HERE BEFORE: Y N HOW MANY YEARS? _____

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	___/___/___	_____	_____
1ST 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	SPECIAL LEARNING NEEDS*	ILLNESSES
___Food (specify)	___Hearing limitations	___Asthma
_____	___Vision limitations	___Seizures
___Medication (specify)	___Reading limitations	___Other
_____	___Writing limitations	___Physical limitations
___Bee stings	___Speech limitations	
___Other	___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: _____

Please Select the Day and Time for your Student

Sunday (9:00AM-10:30AM) _____

Wednesday (7:30PM-9:00PM) _____