

PLEASE PRINT LEGIBLY

# GATHER Family Registration Form 2019/2020

Saint Margaret Mary RE/YM/HS

119 South Hubbard Street

Algonquin, IL 60102

RE: 847-658-9339 YM: 847-658-7881

For office use only

Date: \_\_\_\_\_

Amt Pd: \_\_\_\_\_

Cash \_\_\_\_\_ Check# \_\_\_\_\_

Balance due \_\_\_\_\_

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

FAMILY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ UNLISTED? YES NO

PARENT EMAIL: \_\_\_\_\_

REGISTERED AT THIS CHURCH: YES NO FAMILY ID NUMBER: \_\_\_\_\_

**Tuition: Preschool thru 8<sup>th</sup> 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)**

WEDNESDAY EVENINGS

SUNDAY MORNINGS

Kdg thru High School offered

OR

3-4 yr old Preschool thru High School

5:45 pm to 8:00 pm

10:15 am to 12:30 pm

We offer childcare for a nominal fee for children 18M to 4yrs old during **Sunday** Family sessions. Would you use this service? YES NO, How Many Children? \_\_\_\_\_

**-----REQUIRED: ---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: \_\_\_\_\_

**-----FAMILY MEDICAL INFORMATION-----**

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF HEALTH INSURANCE COMPANY: \_\_\_\_\_

POLICY IN NAME 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 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: \_\_\_\_\_

I give St. Margaret Mary permission for my youth's participation in the videotape and/or still photographs of Gather, which may be used for future promotional efforts, including the Diocese of Rockford website and the St. Margaret Mary website. YES NO

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## **STUDENT REGISTRATION INFORMATION**

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

**FAMILY NAME:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **RE/YM/HS GRADE in Fall 2019:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_\_ **GENDER: MALE FEMALE**  
**SCHOOL:** \_\_\_\_\_ **GRADE in fall 2019:** \_\_\_\_\_  
**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**

**Sign only if this applies**

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: \_\_\_\_\_