

<i>Office Use Only</i>	
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 10, 2020

CONFIRMATION CLASSES 2020-2021 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: (____) _____

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: _____

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

YES

NO INITIAL: _____

PLEASE FILL OUT THE BACK OF THE FORM



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

BIRTH DATE: ____ / ____ / ____

GRADE ENTERING IN FALL 2020 _____ AGE: _____ SEX: _____

SCHOOL FALL 2020: _____

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	__/__/__	_____	_____
1 ST 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>
___ Food (specify) _____	___ Hearing limitations	___ Asthma
___ Medication (specify) _____	___ Vision limitations	___ Seizures
___ Bee stings	___ Reading limitations	___ Other
___ Other	___ Writing limitations	___ Physical limitations
	___ Speech limitations	
	___ 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 A (10:15-11:15) _____ Wednesday A (5:30-6:30PM) _____

Sunday B (12:15-1:15) _____ Wednesday B. (7:00-8:00PM) _____