**St. Margaret Mary and St. Patrick Religious Education Form 2019-2020**

PLEASE CHECK HERE \_\_\_IF YOU ARE NEW TO THE PARISH AND/OR NEW TO THIS PROGRAM.

IT IS IMPORTANT TO COMPLETE A PARISH REGISTRATION FORM (PLEASE CONTACT PARISH OFFICE FOR FORM) ALONG WITH YOUR RE REGISTRATION, AND PLEASE INCLUDE A COPY OF YOUR CHILD’S BAPTISMAL CERTIFICATE.

CHECK HERE\_\_\_IF CONTACT INFORMATION HAS CHANGED FROM LAST YEAR

CHILD (CHILDREN) LIVES WITH \_\_\_MOTHER \_\_\_FATHER \_\_\_BOTH (CHECK ONLY ONE)

PLEASE PRINT CLEARLY FAMILY PRIMARY LANGUAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*EMERGENCY CONTACT (Name/Relationship/Phone#):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WOULD YOU BE WILLING TO: TEACH/CO-TEACH? YES\_\_\_\_\_\_ MORE INFO\_\_\_\_\_\_**

**SUBSTITUTE? YES\_\_\_\_\_\_ MORE INFO\_\_\_\_\_\_**

**BUILDING COORDINATOR? YES\_\_\_\_\_\_ MORE INFO\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please Print: Child’s Baptismal First and Last Name | Date of Birth | Grade (as of Sept 2019) | School (as of Sept 2019) | Is this a Sacrament year? (FHE, Confirmation) |
|  |  |  |  |  |
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**Classes are offered: Wednesday evenings at 6:30 pm - Fall Semester (2019) at St. Margaret Mary and Spring Semester (2020) at St. Patrick School. Classes begin September 4, 2019 with Kickoff at 6 pm. Hope to see you there!**

Tuition: 1 Child - $40, 2 Children - $80, 3 or More Children - $120

Sacramental Fees: Communion Fee - $50, Confirmation Fee - $75

**Make check payable to: St. Margaret Mary Church or St. Patrick Church**

TUITION AMOUNT\_\_\_\_\_\_\_\_\_\_ FEES\_\_\_\_\_\_\_\_\_\_ CASH\_\_\_\_ CHECK\_\_\_\_CC (OSV ONLINE)\_\_\_\_\_

**COMPLETE THE REVERSE SIDE OF THIS PAGE TO FINISH THE REGISTRATION PROCESS**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions in order to ensure a safe and productive learning environment:**

1. Do any of your children have a medical condition and/or severe allergy that we should know about?

Yes ☐ No ☐

If “yes”, list condition/allergy here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Does this require an EpiPen? Yes ☐ No ☐

If “yes” a completed **Medical Information Form** must be submitted for your child.

1. Please let us know if your child has been diagnosed with any of the following:

**ADD\_\_\_\_ ADHD\_\_\_\_ ASD\_\_\_\_ Down Syndrome\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If so, which Child? Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require any of the following services: (Check all appropriate)

**Vision Services\_\_\_\_ ESL\_\_\_\_ Occupational Therapy (OT)\_\_\_\_**

**Hearing Services\_\_\_\_ Physical Therapy (PT)\_\_\_\_**

**Other (please list type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Are there any special family situations of which we need to be aware? Yes ☐No ☐

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SPECIAL QUESTION FOR ALL GRADE 6, 7, AND 8 STUDENTS: Tell us about yourself. What are your interests/hobbies: Music/Dance/Acting/Writing\_\_\_\_\_\_\_\_\_; Clubs \_\_\_\_\_\_\_\_\_\_; Sports \_\_\_\_\_\_\_\_\_\_**

**Other interests/Hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***If more than one student, please let us know, by name, the additional student’s interests/hobbies. Thanks! \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Note: Please attach a copy of each child’s baptismal certificate, photograph release form, and medical information sheet (if applicable).**

**St. Margaret Mary and St. Patrick Religious Education**

**Medical Information Sheet for 2019-2020**

(Please complete as applicable)

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

To Whom It May Concern:

My Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the following severe allergy (allergies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And/or has the following medical condition/concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does my child’s catechist need to know this information? Yes\_\_\_ No\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_