

PLEASE PRINT LEGIBLY

GATHER Family Registration Form 2018/2019

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: \_\_\_\_\_

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)

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 Family sessions.

Would you use this service? YES NO, How Many Children? \_\_\_\_\_

-----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 2018 RE/YM/HS GRADE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **GENDER: MALE FEMALE**

**SCHOOL:** \_\_\_\_\_ **GRADE (fall 2018):** \_\_\_\_\_

**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) \_\_\_\_\_

### **MEDIA DISCLOSURE POLICY – you only need to sign this once**

I agree that photos or video taken of any of my family members during GATHER activities may be used in church publications, on the website or in the local newspaper.

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

### **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: \_\_\_\_\_