

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: _____