

PLEASE PRINT LEGIBLY

GATHER Family Registration Form 2020/2021

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: (circle one) 1 Child-\$160/ 2 Children-\$320/ 3 or more Children-\$480

Please Choose one session day and Circle Family Session A or B:

* Parents and children Kndg thru 8th grade attend the same session together

* Each Session limited to 18 families per session

SUNDAY MORNINGS

WEDNESDAY EVENINGS

SUN A 10:15 to 11:15 am

WED A 5:30 to 6:30 pm

SUN B 12:15 to 1:15 pm

WED B 7:00 to 8:00 pm

***IF NEEDED - Unavailable now

TUESDAY EVENINGS

TUES A 5:30 to 6:30 pm

TUES B 7:00 to 8:00 pm

-----**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: _____

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 2020:** _____
BIRTHDATE: _____ **GENDER: MALE FEMALE**
SCHOOL: _____ **GRADE in fall 2020:** _____
BIRTHPLACE: _____ **RELIGION:** _____

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: _____