

PLEASE PRINT LEGIBLY

GATHER Family Registration Form 2023/2024

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: \$225 Per Family plus Sacramental Fees where applicable

Please Choose and Circle Session Day - Note NEW TIMES

* Parents and children (KNDG thru High School) attend the same session together

* Each Session limited to 60 families per session

SUNDAY MORNINGS

11:00 am to 12:15 pm

WEDNESDAY EVENINGS

6:00 pm to 7:15 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 (Kindergarten thru High school)

FAMILY NAME: _____

STUDENT NAME: _____ **RE/YM/HS GRADE in Fall 2022:** _____

BIRTHDATE: _____ **GENDER: MALE FEMALE**

SCHOOL: _____ **GRADE in fall 2022:** _____

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) _____