

St. Agnes/St. Kieran Religious Education Program Registration Form 2019-2020

FAMILY NAME **ADDRESS WHERE CHILD(REN) RESIDES** **CITY** **STATE** **ZIP CODE**

FATHER'S NAME **RELIGION** **CELL PHONE** **HOME PHONE** **E-MAIL ADDRESS**

MOTHER'S NAME **MAIDEN NAME** **RELIGION** **CELL PHONE** **HOME PHONE** **E-MAIL ADDRESS**

ARE PARENTS MARRIED? ____ (Y/N) **CHILDREN RESIDE WITH:** ____ **BOTH PARENTS** ____ **MOTHER** ____ **FATHER** ____ **GUARDIAN**

GUARDIAN NAME (if applicable) **GUARDIAN CELL/WORK PHONE** **GUARDIAN HOME PHONE**

NOTE ANY SPECIAL CUSTODY ARRANGEMENTS FOR THE CHILD(REN) ABOVE. A COPY OF THE LEGAL CUSTODY ARRANGEMENT MUST BE ON FILE IN THE R.E. OFFICE.

EMERGENCY CONTACT PERSON (Used only if a parent is unavailable) **CELL/WORK PHONE** **HOME PHONE** **RELATIONSHIP TO STUDENT(S)**

ARE YOU NEW TO THE ST. AGNES/ST KIERAN R.E. PROGRAM THIS YEAR? ____ **YES** ____ **NO**

IF THE STUDENT(S) IS NEW, DID THEY ATTEND A RELIGIOUS EDUCATION PROGRAM AT ANOTHER PARISH? ____ **YES** ____ **NO**

IF YES, WHAT PARISH? _____

AT WHAT PARISH DO YOU CURRENTLY ATTEND SUNDAY MASS? _____

PLEASE LIST ONLY THE CHILDREN WHO WILL BE ATTENDING RELIGIOUS EDUCATION CLASSES FOR THE 2019-2020 SCHOOL YEAR:

CHILD'S FIRST & LAST NAME	MALE OR FEMALE	DATE OF BIRTH	NAME OF PUBLIC SCHOOL ATTENDED BY CHILD	GRADE IN PUBLIC SCHOOL (2019-2020)	CHURCH WHERE CHILD WAS BAPTIZED*	CHURCH WHERE CHILD RECEIVED FIRST COMMUNION

***Students enrolling in the RE Program must be Baptized Catholic and produce a Baptismal Certificate at the time of registration. Studying for the Sacraments is gradual and on-going. The Archdiocese of Chicago requires that students be enrolled in formal Catholic Religious Education classes for eight consecutive years, from grades 1 thru 8, and must show regular consistent attendance at classes.**

PLEASE LIST BELOW ANY ALLERGIES OR SPECIAL MEDICAL/EDUCATIONAL NEEDS OF YOUR CHILD(REN):

CHILD'S NAME _____

CHILD'S NAME _____

CHILD'S NAME _____

CHILD'S NAME _____

PHOTO AND/OR WRITTEN WORK PERMISSION FORM

At times, the St. Agnes/St. Kieran Religious Education Program may use photos and/or written work by our students in parish publications. These include, but are not limited to, the following: parish Website, advertisements, annual reports, posters, newsletters, parish bulletins, and other public relations materials. In addition, local news organizations may hear of our activities or events, and our parish may invite or allow them to photograph or record our events. In light of this, please let us know your wishes concerning your children by checking one of the boxes below.

_____ **My child(ren)'s photo or written work may be published in any format, including group or individual photos.**

_____ **My child(ren)'s photo or written work may NOT be published in any format, including group or individual photos.**

MEDICAL RELEASE – VALID SEPTEMBER 2019 THRU APRIL 2020

Your signature below indicates that if, in the judgment of parish authorities, there is a necessity for immediate medical examination and/or treatment of your child(ren), and you or your authorized physician cannot be reached, you request and authorize parish authorities to obtain for your child(ren) such medical services as are deemed necessary. You agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Your signature below also indicates that you have given your permission for this child to participate in the St. Agnes/St. Kieran Religious Education Program and that you have filled out all information correctly: (This form must be signed by at least one parent/guardian before your child(ren) will be allowed to enter the program.)

Parent/Guardian Signature: _____

Date: _____