

RELIGIOUS EDUCATION REGISTRATION

2018-2019

ST. FLANNEN ___ ST. MARY ___ ST. PATRICK ___ (PLEASE CHECK)

Name of Student _____
(first, middle, last)

Mailing Address: _____
City: _____ Zip: _____

Home Phone: _____ Mom's Cell: _____ Dad's Cell: _____

Email: _____

Child usually lives with: _____ Both parents _____ Mother _____ Father _____ Guardian/relation

Gender: M / F Grade (Fall '18): _____ Age: _____ Birth date: (mm/dd/yy) _____

Baptism: _____ Date: _____
(Church name and place)

First Communion: _____ Date: _____
(Church name and place)

Confirmation: _____ Date: _____
(Church name and place)

Father's Name: _____
(first, middle, last)

Mother's Maiden Name: _____
(first, middle, last)

Step parent or guardian if other than parent: _____

Siblings living at home: Name: _____ Birth date: (mm/dd/yy) _____

(Parent/Guardian's signature) _____

In case of Emergency: Person other than parent who can be contacted to pick up child.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Please fill out both sides

Allergies/Health Issues/Special Needs/Medication: _____

I hereby give permission to Susan McCoy, CRE, or staff member, to administer medication to my child.

(Parent/Guardian's signature): _____

RELIGIOUS EDUCATION FEE

The fee for RE classes this year is \$15.00 for a single child and \$25.00 for a family.

If you are unable to pay the fee, scholarships are available through the parish. Contact Susan McCoy in the parish office for more information.

PHOTO PERMISSION SLIP

From time to time we take pictures during St. Patrick Religious Education activities.

We would like your permission to use these pictures...

_____ on the parish's website,
_____ on the parish's official Facebook page,
_____ in the parish's newsletter
_____ on the parish's bulletin boards
_____ in the parish's bulletin
_____ in The Observer/El Observador
_____ other _____

Pictures are selected to highlight activities at our parish.

Please take a moment to let us know your preferences regarding our use of photos of your children:

_____ YES. I grant permission to use photos of my child in the ways I've indicated above with an X.

-OR-

_____ NO. Please do NOT take or use any photos of my child.

If I marked an X next to The Observer/El Observador, the official newspapers of the Diocese of Rockford, I also give permission for my child's name to be identified as being in the photo.

If I marked an X next to any of the others (on the parish website, on the parish official Facebook page, in the parish newsletter, on the parish bulletin boards, in the parish bulletin, or other) I understand my child's name will not be used.

Child(ren)'s Name(s) (PLEASE PRINT):

Parent/Guardian's Name (PLEASE PRINT): _____

Parent/Guardian's Signature: _____

Date: _____