



# St. Patrick Church Religious Education Registration Form 2019-2020



\*\*Please carefully read and sign photo release\*\*

**FAMILY LAST NAME** \_\_\_\_\_ **PARENT'S FIRST NAMES** \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Primary Phone Number \_\_\_\_\_ **Family Email Address** \_\_\_\_\_  
*Note: This number will be used as a first point of contact* *Please print clearly* @ \_\_\_\_\_

**FATHER'S INFORMATION**

Address \_\_\_\_\_  
*(if different from above)*

Religion \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**MOTHER'S INFORMATION**

Address \_\_\_\_\_  
*(if different from above)*

Religion \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACT PHONE:** \_\_\_\_\_

**Student Information:**

➤ Child #1  
 FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 M  F      SPECIAL NEEDS\*  Y  N      DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 School Attending \_\_\_\_\_ Grade Level in Fall, 2019 \_\_\_\_\_  
 \*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.  
 OFFICE USE ONLY: Class Assignment Code: \_\_\_\_\_ *for additional children, use next page*

**Photography Release**

During the year, we would like your permission to use pictures that may be taken during class in the following ways: on the parish website, on the parish official Facebook page, on the parish bulletin boards, in the parish bulletin, and in The Observer/El Observador (Newspaper of Diocese of Rockford). *Please check which preference applies.*

- \_\_\_ Yes, I grant permission to use the photos in these ways.
- \_\_\_ No, please do NOT take or use any photos of my child.
- \_\_\_ Yes, my child/children's names can be used with pictures.
- \_\_\_ No, please do NOT use my child/children's name with pictures

Parent name (printed): \_\_\_\_\_

Parent signature: \_\_\_\_\_



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STUDENT INFORMATION (continued)

➤ Child #2  
 FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

M  F      SPECIAL NEEDS \*  Y  N      DATE OF BIRTH (mm/dd/yyyy) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_\_\_

School Attending \_\_\_\_\_ Grade Level in Fall, 2019 \_\_\_\_\_

\*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

OFFICE USE ONLY: Class Assignment Code: \_\_\_\_\_

➤ Child #3  
 FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

M  F      SPECIAL NEEDS \*  Y  N      DATE OF BIRTH (mm/dd/yyyy) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_\_\_

School Attending \_\_\_\_\_ Grade Level in Fall, 2019 \_\_\_\_\_

\*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

OFFICE USE ONLY: Class Assignment Code: \_\_\_\_\_

➤ Child #4  
 FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

M  F      SPECIAL NEEDS \*  Y  N      DATE OF BIRTH (mm/dd/yyyy) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_\_\_

School Attending \_\_\_\_\_ Grade Level in Fall, 2019 \_\_\_\_\_

\*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

OFFICE USE ONLY: Class Assignment Code: \_\_\_\_\_

➤ Child #5  
 FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

M  F      SPECIAL NEEDS \*  Y  N      DATE OF BIRTH (mm/dd/yyyy) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_\_\_

School Attending \_\_\_\_\_ Grade Level in Fall, 2019 \_\_\_\_\_

\*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

OFFICE USE ONLY: Class Assignment Code: \_\_\_\_\_