

## 2020-2021 RELIGIOUS EDUCATION REGISTRATION FORM

FAMILY NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ FATHER'S CELL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S CELL: \_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

### STUDENT INFO

<p><b>STUDENT #1</b> NAME: _____</p> <p>GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>GRADE ENTERING: _____ BIRTHDATE: _____</p> <p>BAPTISM (CHURCH AND DATE): _____</p> <p>FIRST COMMUNION (CHURCH AND DATE): _____</p> <p>SPECIAL NEEDS (MEDICAL, LEARNING PHYSICAL): _____</p>	<p><b>STUDENT #2</b> NAME: _____</p> <p>GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>GRADE ENTERING: _____ BIRTHDATE: _____</p> <p>BAPTISM (CHURCH AND DATE): _____</p> <p>FIRST COMMUNION (CHURCH AND DATE): _____</p> <p>SPECIAL NEEDS (MEDICAL, LEARNING PHYSICAL): _____</p>
<p><b>STUDENT #3</b> NAME: _____</p> <p>GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>GRADE ENTERING: _____ BIRTHDATE: _____</p> <p>BAPTISM (CHURCH AND DATE): _____</p> <p>FIRST COMMUNION (CHURCH AND DATE): _____</p> <p>SPECIAL NEEDS (MEDICAL, LEARNING PHYSICAL): _____</p>	<p><b>STUDENT #4</b> NAME: _____</p> <p>GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>GRADE ENTERING: _____ BIRTHDATE: _____</p> <p>BAPTISM (CHURCH AND DATE): _____</p> <p>FIRST COMMUNION (CHURCH AND DATE): _____</p> <p>SPECIAL NEEDS (MEDICAL, LEARNING PHYSICAL): _____</p>
<p><b>STUDENT #5</b> NAME: _____</p> <p>GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>GRADE ENTERING: _____ BIRTHDATE: _____</p> <p>BAPTISM (CHURCH AND DATE): _____</p> <p>FIRST COMMUNION (CHURCH AND DATE): _____</p> <p>SPECIAL NEEDS (MEDICAL, LEARNING PHYSICAL): _____</p>	<p><b>STUDENT #6</b> NAME: _____</p> <p>GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>GRADE ENTERING: _____ BIRTHDATE: _____</p> <p>BAPTISM (CHURCH AND DATE): _____</p> <p>FIRST COMMUNION (CHURCH AND DATE): _____</p> <p>SPECIAL NEEDS (MEDICAL, LEARNING PHYSICAL): _____</p>

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## CONSENT TO TREAT MINOR CHILDREN

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I, the parent or legal guardian of the children registered under my name for Religious Education at Our Lady, Mother of the Church, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of the Director of Religious Education of Our Lady, Mother of the Church, City of Chicago, State of Illinois and I am not reasonably available by telephone to give consent.

CHILD(REN)'S NAME(S):

 I DO CONSENT. I DO NOT CONSENT.

PARENT/GUARDIAN NAME:

DATE:

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## MEDICAL INFORMATION

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This information will be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in the treatment if it can be furnished with the consent form but is not required.

FATHER'S TELEPHONE:

MOTHER'S TELEPHONE:

LAST TETANUS SHOT:

Please list for each child  
as information is available.

ALLERGIES TO  
DRUGS/FOOD:

Please list for each child  
as information is available.

SPECIAL MEDICATIONS:

Please list for each child  
as information is available.

PREFERRED PHYSICIAN:

PHYSICIAN PHONE:

PREFERRED HOSPITAL:

HOSPITAL PHONE:

INSURANCE:

POLICY NUMBER:

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## PHOTO RELEASE FORM

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I understand that my child(ren) may be photographed at Our Lady, Mother of the Church during normal class hours, field trips, or activities. I understand that these photographs may be used in promoting the Religious Education program, either in print or on the Internet.

CHILD(REN)'S NAME(S):

PARENT/GUARDIAN NAME:

DATE:

By selecting below, I understand that I am granting permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Religious Education program. I understand that it is my responsibility to update this form in the event that I have changed my status on the authorization of this information. I agree that this form will remain in effect during the 2020-2021 term of my child's enrollment. I understand that there will be no payment for me or my child(ren)'s participation in this release if I grant permission for the use of photographs or videos.

 I DO CONSENT. I DO NOT CONSENT.

## PAYMENT AGREEMENT

I agree to the following plan for the enrollment of my child(ren).

### EARLY REGISTRATION AGREEMENT

- I WILL PAY IN FULL ON OR BEFORE APRIL 30, 2020.
- I WOULD LIKE TO ENACT A PAYMENT PLAN TO PAY 25% OF MY TUITION EACH MONTH THROUGH THE SUMMER MONTHS OF MAY 2020 THROUGH AUGUST 2020.

### REGISTRATION AFTER APRIL 30, 2020

- I WILL PAY IN FULL ON OR BEFORE THE FIRST DAY OF CLASS.
- I WILL PAY IN FULL USING THE ONLINE PORTAL.
- I WOULD LIKE TO ENACT A PAYMENT PLAN TO PAY 25% OF MY TUITION AT THE FIRST CLASS OF EACH MONTH FROM SEPTEMBER 2020 UNTIL DECEMBER 2020.
- I WOULD LIKE TO APPLY FOR FINANCIAL ASSISTANCE AND NEED MORE INFORMATION REGARDING THIS OPPORTUNITY.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please do not write below this section. Thank you!

## OFFICE RECORDS

- New to program.
- Returning to program.

### Registration Information

Date Received: .....

Date Enrolled: .....

Classroom: .....

Teacher: .....

### Enrolled in ParishSoft

- Yes
- No

### Invoice Information

Date Created: .....

Number: .....

### Payment Information

Date Completed: .....