



2010-2011 Religious Education Registration Form St. Patrick's Catholic Church

710 West Marion Street ♦ Joliet, IL 60436-1556 ♦ (815) 727-4746

If you are completing this form online, please save this document on your computer and email your attachment to julie_a_d@yahoo.com

FAMILY INFORMATION

Child(ren)'s Last Name: _____
 Primary Mailing Address: _____
 Preferred Email Address: _____
 Mother/Parent Full Name: _____
 Mailing Address: _____ Home: _____
 (Check if Same as Above) Work: _____
 Denomination/Religion: _____ Cell: _____
 Father/Parent Full Name: _____
 Mailing Address: _____ Home: _____
 (Check if Same as Above) Work: _____
 Denomination/Religion: _____ Cell: _____
 Registered at St. Patrick's Yes No Baptismal Certificate on file

- The entire contents of this form remain CONFIDENTIAL and are only used by department staff and your child(ren)'s Catechist(s) as necessary to ensure that all children are adequately cared for while in Religious Education.
- If your child was not Baptized at St. Patrick's, please present a copy of the Certificate at the time of registration.
- For more than four children, please ask for a copy of the second informational page as necessary.
- Please contact Julie Dillenburg at julie_a_d@yahoo.com with any questions or concerns regarding the registration process.

TUITION CALCULATOR

Tuition + Book Fee (\$20) +	\$10 for each additional child	= \$
Sacrament Fee	\$20 for Confirmation/Communion	= \$
Total Amount Due:		= \$

FOR OFFICE USE ONLY

Date Processed:

Form Completed: _____
 By: _____

Check # _____
 Payment Received: _____

STUDENT INFORMATION

Child's First Name:		Class Assignments:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
School Name:		School Grade (09/10):	
<i>Please indicate the sacraments which your child has received in the Catholic Church:</i>			
Baptism:	Parish: _____ City: _____ State: _____	Reconciliation:	Parish: _____ City: _____ State: _____
First Eucharist:	Parish: _____ City: _____ State: _____	Confirmation	Parish: _____ City: _____ State: _____
Chronic Health Conditions:		All Current Medications:	
Environmental and Food Allergies:		Educational & Behavioral Traits: (e.g. gifted, ADD....)	

STUDENT INFORMATION

Child's First Name:		Class Assignments:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
School Name:		School Grade (09/10):	
<i>Please indicate the sacraments which your child has received in the Catholic Church:</i>			
Baptism:	Parish: _____ City: _____ State: _____	Reconciliation:	Parish: _____ City: _____ State: _____
First Eucharist:	Parish: _____ City: _____ State: _____	Confirmation	Parish: _____ City: _____ State: _____
Chronic Health Conditions:		All Current Medications:	
Environmental and Food Allergies:		Educational & Behavioral Traits: (e.g. gifted, ADD....)	

STUDENT INFORMATION

Child's First Name:		Class Assignments:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
School Name:		School Grade (09/10):	
<i>Please indicate the sacraments which your child has received in the Catholic Church:</i>			
Baptism:	Parish: _____ City: _____ State: _____	Reconciliation:	Parish: _____ City: _____ State: _____
First Eucharist:	Parish: _____ City: _____ State: _____	Confirmation	Parish: _____ City: _____ State: _____
Chronic Health Conditions:		All Current Medications:	
Environmental and Food Allergies:		Educational & Behavioral Traits: (e.g. gifted, ADD....)	

STUDENT INFORMATION

Child's First Name:		Class Assignments:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
School Name:		School Grade (09/10):	
<i>Please indicate the sacraments which your child has received in the Catholic Church:</i>			
Baptism:	Parish: _____ City: _____ State: _____	Reconciliation:	Parish: _____ City: _____ State: _____
First Eucharist:	Parish: _____ City: _____ State: _____	Confirmation	Parish: _____ City: _____ State: _____
Chronic Health Conditions:		All Current Medications:	
Environmental and Food Allergies:		Educational & Behavioral Traits: (e.g. gifted, ADD....)	

MEDICAL TREATMENT AND INSURANCE INFORMATION

Insurance Company: _____ Identification #: _____
Policy Number: _____ Group ID #: _____

Emergency Medical Treatment Release

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment(s) for my minor child in the event of my absence, or when the hospital of physicians is unable to contact me. This authorization extends to any hospital, physicians, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against St. Patrick Catholic Church, church staff, church volunteers, the hospital, physicians, and the nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

Children – Full Names: _____

Parent Signature: _____

AUTHORIZATION TO PUBLISH PICTURES & ARTWORK

I hereby grant permission to St. Patrick’s Catholic Church to publish pictures of me and or my child(ren) and any artwork created during the course of the Religious Education program on the church’s website or in the church’s publicity information, newsletters, or bulletins. **NO NAMES WILL BE PUBLISHED ON THE WEBSITE.** I understand that if I give notice to the webmaster that I object to any particular picture of me and or my child(ren), it will be removed as soon as possible. I understand that neither I nor any child(ren) in question will be paid any royalty or other compensation for the publication of any pictures. I further state that I have the right to grant or refuse this permission as I am the child’s parent or legal guardian.

Children – Full Names: _____

Parent Signature: _____