Saint Mary Church
Huntley, IL 60142
847-669-5612 or e-mail Kdomek@stmaryhuntley.org
EDGE PROGRAM
Student Registration 2026 – 2027

8th Grade EDGE/ Confirmation Registration

Please circle the session you prefer: **Monday: 5:00-6:15 PM** **Monday: Session: 6:45-8:00 PM**

Student Information

Sex: F M

LAST NAME_____FIRST_____
(GIVEN)

ADDRESS_____

CITY_____ZIP_____PHONE (_____)_____
AC

DATE OF BIRTH_____PLACE OF BIRTH_____
(City and State)

RELIGION_____

Parent/Guardian Information

Relationship to child: _____ Relationship to child: _____

Name: _____ Name: _____

Cell Phone: _____ Cell Phone: _____

Religion: _____ Religion: _____

Marital Status: _____ Marital Status: _____

***Parent E-Mail Address:** (please print clearly)

_____

***This e-mail address will be entered into FLOCKNOTEs. This is now be the main way the YM Office will communicate with parents. After we enter your e-mail you must finish the registration process by telling Flocknote if you prefer to receive communications via e-mail, text or phone call.**

Student Sacramental Information

	Yes or No	Name of Church	City and State
BAPTISM:	_____	_____	
1st CONFESSION:	_____	_____	
1st COMMUNION:	_____	_____	

EMERGENCY CONTACT OTHER THAN PARENT

_____ (____)_____ ___Friend
Name of contact

Cell (____)_____ ___Relative

Scan QR Code to pay online
Or pay by Check
Cost $150

Please flip over to the next page→

Medical Information

Allergies:

Food: _____ Medication: _____
Other: _____

Special Learning Needs:

Attention Deficit Disorder: _____ Learning Disability: _____
Hearing/Vision Limitations: _____ Other: _____

Illnesses/Medication:

Asthma: _____ Seizures: _____ Other: _____
Please Explain: _____

Medications: _____
Please Explain: _____

Permission Form

I hereby give permission for my child_____ to participate in the EDGE Program at St. Mary Church. I hereby release and indemnify St. Mary's Parish, their staff and volunteer, and the Diocese of Rockford and its Bishop, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I also grant permission for the administration of first aid to my child by those people in charge of this program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent / guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and order injections, anesthesia or surgery, if deemed necessary for my child.

VIDEOTAPING AND STILL PHOTOGRAPHS
Video and still photographs may be taken during this program. This authorization form constitutes permission for my child's participation in the videotape and /or still photographs, which may be used for future promotional efforts, including the St. Mary website, bulletin and The Observer diocesan newspaper.

Date: _____

Mother / Guardian's Signature: _____

Name: _____

Father / Guardian's Signature: _____

Name: _____
(Please Print)

Parent Meeting Information: (please attend one)

Wednesday, September 2nd at 10:30am in the JPII Room
Wednesday, September 2nd at 6:30pm in the JPII Room
Thursday, September 3rd at 6:30pm in the JPII Room