

Saint Mary Church  
Huntley, IL 60142  
847-669-5953 or e-mail Rchristian@stmaryhuntley.org  
**RELIGIOUS EDUCATION PROGRAM**  
Student Registration 2024 - 2025

GRADE this Fall \_\_\_\_\_

Please circle the day and session you prefer:

**Tuesday: 5:00-6:15 PM    Wednesday: Session: "A" 5:00-6:15 PM    Session: "B" 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 RE 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**

<u>Yes or No</u>	<u>Name of Church</u>	<u>City and State</u>
BAPTISM: _____	_____	_____
1 <sup>st</sup> CONFESSION: _____	_____	_____
1 <sup>st</sup> COMMUNION: _____	_____	_____
CONFIRMATION: _____	_____	_____

**EMERGENCY CONTACT OTHER THAN PARENT**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_    \_\_\_ Friend  
Name of contact  
Cell (\_\_\_\_\_) \_\_\_\_\_    \_\_\_ Relative

OFFICE USE ONLY

SM Paid \_\_\_\_\_  
R Check # \_\_\_\_\_  
E Amount \$ \_\_\_\_\_

**Please turn form over and complete the back**

## 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 Religious Education 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)