

Registration Form For New & Returning Students

Child's First And Last Name _____

Family Name If Different Than Child's _____

School _____ Grade In School In Sept. _____

Home Address _____ Zip Code _____

Home Phone _____ Date Of Birth ____ - ____ - ____ Gender _____

Parent E-Mail Address _____ Envelope # _____

(We Rely Heavily On Email To Communicate. Please Print Clearly.)

If Your Child Is A 1St Grader Or New To St. Patrick's, You Must Fill Out Information Regarding Sacraments.

You Must Also Attach A Copy Of Your Child's Baptismal Certificate.

Child's Baptism (Church) _____ Date ____ - ____ - ____

City And State Of Church: _____

Reconciliation (Church) _____ Date ____ - ____ - ____

Communion (Church) _____ Date ____ - ____ - ____

Father's Name _____ Religion _____

Father's Cell # _____ Father's Work # _____

Father's Address If Different Than Child's _____

Mother's First And Maiden Name _____ Religion _____

Mother's Cell # _____ Mother's Work # _____

Mother's Address If Different Than Child's: _____

Legal Guardian's Name (If Not Mother Or Father) _____

Guardian's Cell # _____ Religion _____

Address If Different Than Child's: _____

Does Your Child Have Special Learning Needs Or Learning Problems? (Your Response Will Help Us Determine A Safe And Effective Environment For Him/Her. Please Attached Separate Sheet If Needed) _____

Name(S) Of Other Children In The Program

Name _____ Grade In School In Sept. _____

Name _____ Grade In School In Sept. _____

Name _____ Grade In School In Sept. _____

Is There Any Additional Non-Medical Information We Should Know About Your Child? _____

In Case Of Emergency & Dismissal Authorization:

I Have Read The Crisis Plan (At <http://www.stpatrickssi.org/Required-Forms>) Established For The Children Of The Religious Education Program And Will Keep It In A Safe Place. In Case Of An Emergency, I Authorize The Following Two People To Act On My Behalf, If I Cannot Be Reached. (Two Persons Who Can Be Reached During Religious Education Session, Tuesdays 3:45 – 5:15 PM)

Name _____ Relationship To Parent _____

Cell Or Best Phone # To Be Reached _____

Name _____ Relationship To Parent _____

Cell Or Best Phone # To Be Reached _____

Parent(S) Signatures

Mother Or Legal Guardian _____

Father Or Legal Guardian _____

List Any Special Medical Conditions Your Child Has. (Other Than Allergies. See Separate Page To List Allergies.) _____

Procedures To Be Followed If The Above Condition Becomes An Emergency. _____

I Understand That In Case Of An Emergency, "911" Will Be Called And An Ambulance May Be Called By The Coordinator Of Religious Education Or His/Her Designate. In Case Of Accident Or Illness, If The Parish Catechetical Program Representative Cannot Reach Me, I Hereby Authorize This Representative To Make Whatever Arrangements Seem Necessary. To The Best Of My Knowledge, All Information Given Is Accurate And Complete. I Hereby Consent To, And Authorize The Necessary Procedures That Have Been Stated Above.

Parent Or Legal Guardian Signature _____ Date ____ - ____ - ____

DOES YOUR CHILD HAVE ALLERGIES? YES NO

(If No, You Can Skip Page 3. If Yes, You Must Complete Page 3.)

Must Register And Pay By May 31 To Qualify For Early Bird Price. Non-Refundable \$25.00 Registration Fee If You Register And Drop Out. See Separate Sheet Or Website For Tuition.

(For Office Use) Fee Paid _____ Ck.# _____ Date ____ - ____ - ____ Fee Due _____

ALLERGIES AGREEMENT To Be Used In Case Of A Child With Allergies

Child's First And Last Name _____

PLEASE LIST YOUR CHILD'S ALLERGIES

Course Of Action To Be Followed If Allergy Presents An Emergency Condition

Parent And Coordinator Of Religious Education Agree On The Following Course Of Action:

WILL MEDICATION BE ADMINISTERED: YES NO

What Medication Will Be Administered? _____

Who Will Administer Medication?

Name: _____ Role Of Person: _____

Where Will Medication Be Kept So As To Be Readily Available? _____

What Other Actions Will Be Taken? _____

Actions Will Be Taken By Whom? _____ Role Of Person: _____

Whenever Emergency Medication Is Administered, "911" Will Be Called Without Exception

Parent /Legal Guardian Signature _____ Date ____ - ____ - ____

Signature Of Person To Administer Medication _____ Date ____ - ____ - ____

Coordinator Of Religious Education Signature _____ Date ____ - ____ - ____