

RE Registration Form for **RETURNING STUDENTS!**

2. **Child's Name:** _____
First Middle Last

Child's Birth Date: _____

Name/City of Public School _____

Grade in September of 2020 _____

Gender: Male _____ Female _____

3. **Child's Name:** _____
First Middle Last

Child's Birth Date: _____

Name/City of Public School _____

Grade in September of 2020 _____

Gender: Male _____ Female _____

4. **Child's Name:** _____
First Middle Last

Child's Birth Date: _____

Name/City of Public School _____

Grade in September of 2020 _____

Gender: Male _____ Female _____

FAMILY INFORMATION:

We are REGISTERED at ___Mary, Mother of Divine Grace Parish (DI or DP)
Envelope # _____

We are registered at another parish: _____
_____We are NOT REGISTERED at any parish

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MOTHER'S INFORMATION

First Name	Last Name	Maiden Name
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Address _____
(if different from child's)

Home phone _____ Cell Phone _____

Work Phone _____ RELIGION _____

Email Address: _____

FATHER'S INFORMATION

First Name	Last Name
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Home Phone _____ Cell Phone _____

Work Phone _____ RELIGION _____

Email Address: _____

LEGAL GUARDIAN INFORMATION

Name _____ *If parents are separated, divorced or deceased, or if the child lives with someone other than the natural parents or if there are other special circumstances, use this space to describe the situation:*

EMERGENCY/MEDICAL INFORMATION:

Please indicate which child...if needed please use a separate sheet of paper.

Child's Name: _____

Does your child have any special needs, e.g. medication, allergies?

Is your child enrolled in special education classes? Have a learning disability or physical handicap? If yes, please explain.

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IF YOU cannot be reached in an emergency, whom can we contact?

_____ (_____)_____

Name

Phone Number **INCLUDING** area code

Relationship to child: _____

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**Mary, Mother of Divine Grace Parish
Religious Education Program
Westchester, IL 60154
2020 - 2021 School Year**

Dear Parent/Guardian,

The following release forms must be signed and kept in your child's file.
Please complete each section and return this sheet to the office at the time of
registration. (A copy must be signed each year.)

Thank you,
Sr. Christine Nantaba, IHMR
Religious Education Administrator

I hereby give permission for my child _____ to
participate in the Religious Education Program at Mary, Mother of Divine Grace Parish.
I understand that this may include some physical and outdoor activities. I hereby release
and indemnify Mary, Mother of Divine Grace Parish, its staff and volunteers, and the
Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from
claims of any kind or nature whatsoever from my child's participation in this program.

Parent/Guardian Signature

Date

AUTHORIZATION FOR MEDICAL TREATMENT:

In the event that the undersigned, or my authorized physician, cannot be reached, and in
the judgment of the Director of Religious Education (or other appropriate staff member),
there is a necessity for immediate examination and/or treatment of my child, I hereby
authorize the aforesaid personnel to obtain for my child such medical services as are
deemed necessary.

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Name of Child's Physician: _____ Phone (____) _____

Parent/Guardian Signature

Date

*** I hereby give permission for my child _____ to have a snack at break time, when available, while s/he is participating in Religious Education Classes or functions. **These restrictions apply:**

Parent/Guardian Signature

Date