

**Mary, Mother of Divine Grace Parish
Religious Education Program
Registration Form
2020 - 2021**

Mary, Mother of Divine Grace Parish will have ONE Religious Education Program under one administration for the year 2020/2021. Religion classes will be offered at the Divine Infant Location in the school building; address 1604 New Castle Avenue, Westchester, IL. 60154.

*This Registration Form is for NEW students only. Please download this form, complete it, scan it and send it as an attached file to the Religious Education Office Email at cnantaba@archchicago.org. A Registration Fee of **\$35** is due at the time of Registration. Please make checks payable to Mary, Mother of Divine Grace Parish and mail it to the Parish Business Office at Address 2550 Mayfair Avenue, Westchester, IL 60154. Thank you!*

STUDENT INFORMATION

Child's Name: _____

First

Middle

Last

Address: _____

City/State/Zip: _____

Child's Birth Date: _____

Home Phone: (_____) _____

Family Email: _____

Name/City of Public School: _____

Grade in September of 2020: _____

Gender: Male _____ Female _____

Religious Ed. Prog. Last attended: __ None __ Parish School __ Rel Ed

PARISH of the Rel Ed Program _____

RE Registration Form for **NEW STUDENTS!**

SACRAMENTAL INFORMATION (*baptismal certificate must be submitted*)

BAPTISM _____
Date _____ Church Name & Address (City, State, Zip) _____

Certificate Provided: YES _____ NO _____

EUCCHARIST _____
Date _____ Church Name & Address (City, State, Zip) _____

RECONCILIATION _____
Date _____ Church Name & Address (City, State, Zip) _____

CONFIRMATION _____
Date _____ Church Name & Address (City, State, Zip) _____

FAMILY INFORMATION

We are REGISTERED at ___ Divine Infant Parish or at ___ Divine Providence Parish
Envelope # _____

We are registered at another parish: _____

___ We are NOT REGISTERED at any parish

MOTHER'S INFORMATION

First Name Last Name Maiden Name

Address _____
(if different from child's)

Home phone _____ Cell Phone _____

Work Phone _____ RELIGION _____

Email Address: _____

FATHER'S INFORMATION

First Name Last Name

Home Phone _____ Cell Phone _____

RE Registration Form for **NEW STUDENTS!**

FATHER'S INFORMATION (Continued)

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:

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.

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.

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