



St. Patrick Church Religious Education Registration Form 2021-2022



Please carefully read and sign photo release

FAMILY LAST NAME _____ **PARENT'S FIRST NAMES** _____

Mailing Address _____
Street City State Zip

Primary Phone Number _____ **Family Email Address** _____
Note: This number will be used as a first point of contact *Please print clearly* @ _____

FATHER'S INFORMATION

Address _____
(if different from above)

Religion _____

Work Phone _____

Cell Phone _____

Email Address _____

EMERGENCY CONTACT NAME: _____

MOTHER'S INFORMATION

Address _____
(if different from above)

Religion _____

Work Phone _____

Cell Phone _____

Email Address _____

EMERGENCY CONTACT PHONE: _____

Student Information:

➤ Child #1
FIRST NAME _____ **LAST NAME** _____

M F **SPECIAL NEEDS*** Y N **DATE OF BIRTH (mm/dd/yyyy)** ___ ___ / ___ ___ / ___ ___

School Attending _____ Grade Level in Fall, 2020 _____

**Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.*

Please circle the program requested for this child: In-Person or Hybrid *(for additional children, use next page)*

Photography Release

During the year, we would like your permission to use pictures that may be taken during class in the following ways: on the parish website, on the parish official Facebook page, on the parish bulletin boards, in the parish bulletin, and in The Observer/El Observador (Newspaper of Diocese of Rockford). *Please check which preference applies.*

- ___ Yes, I grant permission to use the photos in these ways.
- ___ No, please do NOT take or use any photos of my child.
- ___ Yes, my child/children's names can be used with pictures.
- ___ No, please do NOT use my child/children's name with pictures

Parent name (printed): _____

Parent signature: _____



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Please carefully read and sign photo release

STUDENT INFORMATION (continued)

➤ Child #2

FIRST NAME _____ LAST NAME _____

M F SPECIAL NEEDS * Y N DATE OF BIRTH (mm/dd/yyyy) ___ ___ / ___ ___ / _____

School Attending _____ Grade Level in Fall, 2020 _____

*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

Please circle the program requested for this child: In-Person or Hybrid

➤ Child #3

FIRST NAME _____ LAST NAME _____

M F SPECIAL NEEDS * Y N DATE OF BIRTH (mm/dd/yyyy) ___ ___ / ___ ___ / _____

School Attending _____ Grade Level in Fall, 2020 _____

*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

Please circle the program requested for this child: In-Person or Hybrid

➤ Child #4

FIRST NAME _____ LAST NAME _____

M F SPECIAL NEEDS * Y N DATE OF BIRTH (mm/dd/yyyy) ___ ___ / ___ ___ / _____

School Attending _____ Grade Level in Fall, 2020 _____

*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

Please circle the program requested for this child: In-Person or Hybrid

➤ Child #5

FIRST NAME _____ LAST NAME _____

M F SPECIAL NEEDS * Y N DATE OF BIRTH (mm/dd/yyyy) ___ ___ / ___ ___ / _____

School Attending _____ Grade Level in Fall, 2020 _____

*Indicate on the Medical Release Form any physical, emotional or learning needs that affect your child's classroom experience.

Please circle the program requested for this child: In-Person or Hybrid