St. Maria Goretti Religious Education/Youth Ministry Registration – 2016-17

Family Last Name _____

Registered Member of Parish? _____ YES Approx. Date _____

_____ NO _____

(Current Parish of Membership)

Family Contact Info (Please print legibly.)

Mother _____

Address _____

City _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Primary E-mail _____

___ Mailings should be sent to this address

Father _____

Address _____

(Please complete if different)

City _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Primary E-mail _____

___ Mailings should be sent to this address

Other Contact Info:

_____

(Guardian/Step Parent) Circle One

_____

(Address)

_____

(City, St., Zip)

_____

(Home Phone)

_____

(Work Phone)

_____

(Cell Phone)

_____

(E-mail)

_____ Mail should also be sent to this address

Emergency Information

Emergency Contact Person Other Than Parent Name _____

Phone _____ Cell _____

Physician _____ Phone _____ Cell _____

Clinic/Hospital Preference _____ Phone _____

Health Insurance Carrier _____ Group # _____

Medical Liability Release Statement: *In the event that neither parent nor emergency contact can be reached, I give permission for an adult member of the St. Maria Goretti Catholic Parish Religious Education staff/volunteer corps to administer necessary first aid an/or transport my child(ren) (by ambulance if necessary) to the above named clinic or associated hospital for medical care and treatment as deemed appropriate. I will not hold St. Maria Goretti Catholic Parish, the Diocese of Madison or any staff/volunteers liable for any injuries my child(ren) may incur while participating in this supervised program.*

Photo Permission: *With my signature below, I give permission to publish my child's picture-without his/her name-in SMG publications and web site, unless indicated by checking this box with initials:* ☐ **NO, DO NOT PUBLISH MY CHILD'S PICTURE** _____

Initials

PARENT SIGNATURE: _____ **Date:** _____

For Office Use Only:

Family ID: _____

Registration Date _____

Baptism Certificate Received

Yes or No

Total Fees Assessed $_____

	Payment Type	Amount

2016 -2017 STUDENT REGISTRATION

Family Last Name _____

► **$65 registration fee** is requested with completed registration form.

► **Please note: 3-Yr. OLDS & OTHER NEW STUDENTS to the program:** Submit a copy of the baptismal certificate for each child with this registration form.

SPECIAL CONCERNS / NEEDS:
Please let us know of any physical limitations, allergies, family circumstances (recent separation, divorce, death or family illness). This will be kept strictly confidential.

Please let us know of your child's requests for friends to be placed in their same group.

GRADE			CHILD'S NAME (include nickname if child has a preference)	Boy or Girl	BIRTHDATE (MM / DD / YY)	SCHOOL STUDENT ATTENDS	SACRAMENTS RECEIVED Bap	Rec	Euc	Conf	
ECE-3yr. old Age 3 by 09/01/16											
ECE-4yr.old Age 4 by 09/01/16											
ECE Kindergarten											
(Mon.) **Grade 1**	*4pm*	*6pm*									
Grade 2											
Grade 3											
Grade 4											
Grade 5											
Wed. 6:30 pm	**Grade 6**										
Wed. 6:30 pm	**Grade 7**										
Wed. 6:30 pm	**Grade 8**										
Sun. 6:30 pm	**Grade 9**										
Sun. 6:30 pm	**Grade 10**										
Sun. 6:30 pm	if not confirmed **Grade 11/12**										