



**St. Mary Parish**  
Riverside, IL

126 Herrick Road  
Riverside, IL 60546  
708-447-6812 or text 708-830-4006

**REd REGISTRATION FORM 2016-2017**

1. Please REVIEW & PRINT all new or revised information on THIS form.
2. Please provide a cell phone # and email address because text messages & email are our main form of communication.
3. Email to [red@stmaryriverside.org](mailto:red@stmaryriverside.org), fax to 708-447-3309 or drop off registration form at **REd Office** or the mailbox at Parish Office.
4. Register with the **FACTS Management Company** for your tuition/fee payment at <https://online.factsmgt.com/signin/4KNZ4>  
*Registration is not complete until you have registered with FACTS.*

Family Name: \_\_\_\_\_ Child's Last Name if Different: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent/Guardian Information**

Relationship to Child: **Mother** \_\_\_\_\_

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Location: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_

When sending mail, address to (choose one): **Mrs. Ms. Miss Dr. Other** \_\_\_\_\_

Relationship to Child: **Father** \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Location: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_

When sending mail, address to (choose one): **Mr. Dr. Other** \_\_\_\_\_

St. Mary Parish Envelope #: \_\_\_\_\_ IF NOT REGISTERED AT ST. MARY PARISH, WHAT PARISH DO YOU ATTEND? \_\_\_\_\_

CAN WE LIST YOUR INFORMATION IN THE DIRECTORY? YES NO PARTIAL INFO: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY, IF WE ARE UNABLE TO REACH THE PARENTS, PLEASE CONTACT: NAME: \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

**PHOTO/ MEDIA RELEASE**

I give my permission for the staff of St Mary Parish and Religious Education Office to use photos/video of my child/ren taken during activities of the program.(Names will never be used with any photos or videos on bulletin boards, social media, websites, blogs or parish bulletins to protect identity.)

 \_\_\_\_\_ / \_\_\_\_\_ / **2016**

Signature of Parent/Legal Guardian:

Date:

(rev. 7/28)

**REd STUDENT REGISTRATION FORM 2016-2017**

**LIST ALL CHILDREN REGISTERING FOR CLASSES BEGINNING WITH THE OLDEST CHILD.**

Family Name: _____
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Child's Name	Sex	Date of Birth	Baptism	Eucharist	Reconciliation	Confirmation	School in Fall	Grade in Fall	Class Day Choice Sunday, Monday, Tuesday
1.	MF	/ /	Y N	Y N	Y N	Y N			
2.	MF	/ /	Y N	Y N	Y N	Y N			
3.	MF	/ /	Y N	Y N	Y N	Y N			
4.	MF	/ /	Y N	Y N	Y N	Y N			
5.	MF	/ /	Y N	Y N	Y N	Y N			

**PLEASE LIST MEDICATIONS, ASTHMA, BEE, PEANUT, GLUTEN OR OTHER ALLERGIES, SIGHT, HEARING, READING, LEARNING OR MOBILITY CHALLENGES, OR OTHER SPECIAL NEEDS. PLEASE ATTACH THE CURRENT IEP OR 504 PLAN FOR YOUR CHILD.**

Child's First Name:	Medical Information:	Emergency Medicine
1.		
2.		
3.		
4.		
5.		

**MEDICAL RELEASE**  
 As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician may endanger his or her life, cause physical disability or undue discomfort if I am delayed. I authorize the Parish authorities to send my child (properly accompanied) to an available hospital or physician. This consent is granted only after a reasonable effort has been made to reach me. Dates when release is intended: September 2016 - June 2017.

Emergency Contact Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office use only:

**DATE:**     /    / 2016      INITIALS: \_\_\_\_\_

\_\_\_ FACTS Membership #: \_\_\_\_\_      Amount Paid: \_\_\_\_\_      \_\_\_ Baptismal certificate

\_\_\_ Catechist    S    M    T    Grade: \_\_\_\_\_      \_\_\_ Aide/Hall Monitor    S    M    T    Day/Floor: \_\_\_\_\_ **REd** Parent Board \_\_\_\_\_