



St. Mary Parish
Riverside, IL

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

NEW FAMILY **REd** REGISTRATION FORM 2017-2018

1. Please **PRINT** this 2 sided form.
2. Please provide cell phone #'s and email addresses because text messages & email are our main form of communication.
3. Email to red@stmaryriverside.org, or fax to 708-442-3497, 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: _____

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

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

Relationship to Child: **Mother**

Relationship to Child: **Father**

Name: _____

Name: _____

Maiden Name: _____

Cell Phone #: _____

Cell Phone #: _____

Home Phone#: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Business Location: _____

Business Location: _____

Religion: _____

Religion: _____

Marital Status: _____

Marital Status: _____

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

NEW Red STUDENT REGISTRATION FORM 2016-2017

Family Name:

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

Child's Name	Sex	Date of Birth	Baptism	Eucharist	Reconciliation	Confirmation	School in Fall	Grade in Fall	Class Day Choice Sunday, Monday, Tuesday
1.	M F	/ /	Y N	Y N	Y N	Y N			
2.	M F	/ /	Y N	Y N	Y N	Y N			
3.	M F	/ /	Y N	Y N	Y N	Y N			
4.	M F	/ /	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. (ALL INFORMATION WILL BE SHARED WITH CATECHIST AND KEPT IN STRICT CONFIDENCE)

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

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 2017 - June 2018.

Emergency Contact Name: _____ Relationship to child: _____ Phone #: _____


 _____ / _____ / **2017**

Signature of Parent/Legal Guardian:

Date:

CLASSROOM DISMISSAL AND PARENTAL CUSTODY

Children K-Grade 2 are to be dropped off/picked up in their classroom. If parents are separated or divorced, we presume that both parents have access to the child/ren unless one parent can provide evidence that he/she has sole custody. In these cases, St Mary Religious Education Program abides by the Buckley Amendment. If there are special circumstances in relation to access to the child/ren, we require that a court certified copy of the custody section of the divorce decree (or separation agreement) be supplied when the child/ren are enrolled in the program. Please notify the program director if there are special circumstances or changes.


 _____ / _____ / **2017**

Signature of Parent/Guardian

Date

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.)

 _____ / _____ / **2017**

Signature of Parent/Legal Guardian:

Date:

Office use only:

DATE: ___ / ___ / **2017** OFFICE STAFF INITIALS: _____ St. Mary Parish Registration/Envelope #: _____

FACTS Membership #: _____ Amount Paid: \$ _____ Baptismal certificate/Church: _____

Catechist \$100 Deduction: S M T Grade: _____ Aide/Hall Monitor \$50 Deduction: _____ Day: S M T **REd** Parent Board _____

(revised 7/2017)