

LAST NAME: _____

6670 W. 176th Street

Fax: (708) 532-3372

Date: _____

Tinley Park, IL 60477

religioused@stgeorge60477.org

Father Name: (Last) _____ (First) _____

Mother Name: (Last) _____ (First) _____ (Maiden) _____

Address: _____
 (Number & Street)

 (City, State, & Zip)

Phone: (Home) _____
 (Father Work) _____
 (Father Cell) _____
 (Mother Work) _____
 (Mother Cell) _____
 (Emergency) _____

E-Mail Address for batch mailing:

I give permission for catechists to contact me via e-mail.

Language(s) Spoken In Home: English Spanish Polish Other (Please Specify) _____

St. George Parish Envelope No: _____ NOTE: Families are expected to be participating members of the parish/faith community.

Child(ren) reside(s) with: Both Parents Mother Father Other (Please Specify) _____

REL. ED. SUMMER HOURS: 8:00 A.M. - 1:00 P.M., MONDAY THROUGH THURSDAY

Please be alert for notices regarding family commitments, dates, service opportunities, liturgies, and other parish events. Please call or e-mail the Religious Education Office with any questions or concerns. Thank you!

**There is room for additional comments on the reverse side of this form.*

*Comments: (Please include any special situations, name changes, parental custody arrangements, etc. that will help us regarding your family.)

Child's Name (First/Last)	Date of Birth	Public School & Grade 2018-19	*Special Needs/Allergies
1st			
2nd			
3rd			
4th			

Was your family enrolled with St. George Religious Education in the 2017-2018 School Year?

Child's Baptism Certificate must accompany new student registration.

If you are registering a new student, please specify place and date of Baptism.

If the child was baptized at St. George Parish, we can obtain these records from the rectory.

Grades 1 thru 8 will attend on Wednesday evenings from 6:00 pm to 7:30 pm.

Are you willing to help with the program in any of the following ways?

Gr. 1-5 Catechist Gr. 6-8 Catechist Catechist's Aide Substitute Catechist Substitute (Any Role)

Hall Monitor Traffic Monitor Evening Office Helper Miscellaneous Daytime Help Retreat Chaperone

ALL RELIGIOUS EDUCATION VOLUNTEERS ARE REQUIRED TO COMPLETE VIRTUS & PROTECTING GOD'S CHILDREN REQUIREMENTS.

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FAITH AGREEMENT

As a parent/guardian of a student in the R.E. program at St. George Parish, I affirm my faith values.

- I understand that it is important for me to attend Sunday Mass each week with my child(ren).
- I understand that I am the primary educator/catechist of my child. As such, I will continue to grow in relationship with God, to study the Catholic faith, and to participate in service/outreach activities.
- I promise to create a Christian home, to promote solid moral teachings, and to instill respect for one another.
- I will be a good steward and actively give back to my parish through time, talent, and treasure.

EMERGENCY INFORMATION *(This section must be completed for ALL families.)*

Name of Physician: _____ Phone: _____

Physician Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Numbers: (H) _____ (C) _____

Emergency Contact should be someone other than the parent or guardian.

HEALTH INFORMATION

Please list your child’s name and indicate if any of the following pertain: Current medications, medication allergies, food allergies, or chronic health concerns as well as any other information that you believe we should be aware of, such as learning disabilities or difficulties. If none, please write NONE.

MEDICAL RELEASE

In the event that the undersigned or my (our) authorized physician cannot be reached and in the judgment of the Coordinator of Religious Education (or other person responsible for the program or other appropriate staff member), there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I (we) agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Dates/Period for which this release is intended: September 1, 2018 through June 1, 2019

Signature of Parent or Guardian

Date

PHOTO RELEASE

I give permission to the staff/volunteers of St. George Religious Education to use photos of my child(ren) and family taken while participating in activities of the program. The name of my child(ren) or family will not appear on any photo. Photos will only be shown in or around the St. George Parish buildings, in the bulletin, or on the website.

Photos **MAY** be used.

Photos **MAY NOT** be used.

Signature of Parent or Guardian

Date

SNACK/FOOD/TREAT RELEASE

I give permission to the staff/volunteers of St. George Religious Education to provide snacks/treats to my child(ren) during the course of the Religious Education program. I understand that this is not a regular occurrence, but it is one “tool” used to help build community, particularly around Feast Days.

Snacks/treats **MAY** be given.

Snacks/treats **MAY NOT** be given.

Signature of Parent or Guardian

Date