

**NEW STUDENT Registration 2018-2019**  
**PERMANENT RECORD**

**St. George Religious Education**

6670 W. 176<sup>th</sup> Street  
 Tinley Park, IL 60477

Phone: (708) 532-8211

Fax: (708) 532-3372

[religioused@stgeorge60477.org](mailto:religioused@stgeorge60477.org)

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

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

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.

Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Ancestry:  European  Spanish  African  Polish  Other (Please Specify) \_\_\_\_\_

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 resides with:  Both Parents  Mother  Father  Other (Please Specify) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Public School attending in 2018-19 \_\_\_\_\_ Grade: \_\_\_\_\_

\*Physical or Learning Disability: \_\_\_\_\_

\*Food or Other Allergies: \_\_\_\_\_

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

\*Comments: (Please include any special situations, name changes, parental custody arrangements, or anything that will help us regarding your child.)

Sacrament	Date Received	Church	City	State
Baptism				
Reconciliation				
First Communion				
Confirmation				
<b>Child Previously Attended Religious Education:</b>			<b>Name of Parish/School:</b>	
Number of Years in Catholic School:				
Number of Years in Religious Ed Classes:				
<b>Child's Baptism Certificate must accompany new student registration.</b>				

**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.**

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

**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 indicate if any of the following pertain to your child: 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.

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**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) and 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