## St. María Gorettí Relígious Education/Youth Ministry Registration - 2015-16

Family Last Name		Other Contact Info:		
Registered Member of Parish? YES	Approx. Date			
NO _	(Current Parish of Membership)	(Guardian/Step Parent) Circle One		
		(Address)		
Family Contact Info		(City, St., Zip)		
Mother Address	_ Father	(Home Phone)		
City Zip	(Please complete if different)	(Work Phone)		
Home Phone		(Cell Phone)		
Work Phone	Work Phone	(E-mail)		
Cell Phone		Mail should also be sent to		
Primary E-mail	_ Primary E-mail	this address		
Mailings should be sent to this address	Mailings should be sent to this address			
		For Office Use Only:		
Emergency Information	Nome			
Emergency Contact Person Other Than Parent	Name	Family ID:		
Emergency Contact Person Other Than Parent      Phone Cell	_	Family ID: Registration Date Baptism Certificate Received		
Emergency Contact Person Other Than Parent Phone Cell Physician	Phone Cell	Family ID: Registration Date Baptism Certificate Received Yes or No		
Emergency Contact Person Other Than Parent Phone Cell Physician Clinic/Hospital Preference	Phone Cell Phone	Family ID: Registration Date Baptism Certificate Received		
Emergency Contact Person Other Than Parent Phone Cell Physician Clinic/Hospital Preference Health Insurance Carrier	Phone Cell Phone Group #	Family ID:      Registration Date      Baptism Certificate Received      Yes or No      Total Fees Assessed \$      Payment		
Emergency Contact Person Other Than Parent         Phone Cell         Physician         Clinic/Hospital Preference         Health Insurance Carrier         Medical Liability Release Statement: In the event that if for an adult member of the St. Maria Goretti Catholic Parent	Phone Cell Phone Group # meither parent nor emergency contact can be reached, I give permission rish Religious Education staff/volunteer corps to administer necessary	Family ID: Registration Date Baptism Certificate Received Yes or No Total Fees Assessed \$ Payment		
Emergency Contact Person Other Than Parent         Phone Cell         Physician         Clinic/Hospital Preference         Health Insurance Carrier         Medical Liability Release Statement: In the event that a for an adult member of the St. Maria Goretti Catholic Par first aid an/or transport my child(ren) (by ambulance if ne care and treatment as deemed appropriate. I will not hold	Phone Cell Phone Phone Group # meither parent nor emergency contact can be reached, I give permission rish Religious Education staff/volunteer corps to administer necessary recessary) to the above named clinic or associated hospital for medical I St. Maria Goretti Catholic Parish, the Diocese of Madison or any	Family ID:      Registration Date      Baptism Certificate Received      Yes or No      Total Fees Assessed \$      Payment		
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## 2015 - 2016 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.

CLASSMATE REQUESTS:

Please let us know of your child's requests for friends in the same group.

## **SPECIAL CONCERNS** / **NEEDS:** Please let us know of any physical

GRADE		E	CHILD'S NAME	Boy or Girl	BIRTHDATE (MM / DD / YY)	SCHOOL STUDENT ATTENDS	SACRAMENTS RECEIVED Bap Rec Euc Conf				limitations, allergies, family circum- stances (recent separation, divorce, death or family illness). This will be kept strictly confidential.	
ECE Age												
Age 3 by 09/01/15 ECE-4yr.old Age 4 by 09/01/15		1										
ECE Kindergarten												
( <i>Mon</i> Grad		4pm	6pm									
Grad	le 2											
Grade 3												
Grade 4												
Grad	le 5											
Wed. 6:30	Gr	ade	6									
	Grade 7		7									
	Gr	ade	8									
Sun. 6:30 ]	Grade 9		9									
	Grade 10		10									
	if not confirmed Grade 11/12											