

# RELIGIOUS EDUCATION REGISTRATION

**ST. PATRICK'S CATHOLIC CHURCH**

119 North Market Street ♦ Momence, IL 60954 ♦ (815) 472-2864  
*Classes Meet on Sundays from 9:15 – 10:15 a.m.*

**ST. ANNE'S CATHOLIC CHURCH**

230 North Sixth Avenue ♦ St. Anne, IL 60964 ♦ (815) 427-8265  
*Classes Meet on Sundays from 10:00 – 11:15 a.m.*

## FAMILY INFORMATION

Family Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Preferred Email Address:** \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Registered at Parish:  Yes  No

Father's First Name: \_\_\_\_\_  
 Denomination/Religion: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Mother's First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Denomination/Religion: \_\_\_\_\_ Cell: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION – *Someone other than parents*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

- If your child was not baptized at St. Patrick's/St. Anne's, a copy of his/her Baptismal Certificate is required at the time of registration.
- Please contact Ema Elvir at [stpatsrectory@mchsi.com](mailto:stpatsrectory@mchsi.com) with any questions or concerns regarding the registration process.

## STUDENT INFORMATION

Child's First Name:	Did the child attend RE classes last year?	Date of Birth:	Grade in School:	Date and Place of Baptism:	Date and Place of Communion:
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**HEALTH AND/OR EDUCATION CONCERNS**

Please list below any health problems or educational concerns for each child:

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**MEDICAL TREATMENT AND INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Identification #: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group ID #: \_\_\_\_\_

*Emergency Medical Treatment Release*

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment(s) for my minor child in the event of my absence, or when the hospital of physicians is unable to contact me. This authorization extends to any hospital, physicians, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against St. Patrick / St. Anne's Catholic Church, church staff, church volunteers, the hospital, physicians, and the nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

Children – Full Names: \_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

**AUTHORIZATION TO PUBLISH PICTURES & ARTWORK**

Pictures of me and or my child(ren) and any artwork created during the course of the Religious Education program may be published on the church’s website or in the church’s publicity information, newsletters, or bulletins. **NO LAST NAMES WILL BE PUBLISHED ON THE WEBSITE.** We assume that your permission is given to use these photos/pictures for publicity and information purposes unless you notify the Parish Office by calling (815) 472-2864 (St. Patrick's) or (815) 427-8265 (St. Anne's).