

**SAINT MARGARET PARISH**  
**PreK, KINDEGARTEN - 8TH GRADE RELIGIOUS EDUCATION**

Registration Form (PLEASE PRINT CLEARLY)

In which parish is the family registered       St . Margaret       Other:

Family (last) Name:
Address:
Phone:
Email:

Child(ren) reside with:     Both Parents       Mother       Father     Other:

	Father	Mother
Parent Name:		
Occupation:		
Employer:		
Work Phone:		
Religion:		
Church Attendance:	<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional
	<input type="checkbox"/> Seldom	<input type="checkbox"/> Seldom
Parents Sacraments received:	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation
	<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation

Please check if either parent would like information on the following:

<input type="checkbox"/> receiving sacraments he/she has missed
<input type="checkbox"/> retreat experiences
<input type="checkbox"/> becoming Catholic

Please check sacraments received below

Child's Name	Birth	Grade	School	Baptism	Reconciliatio	Eucharist	Confirmation

Please identify any special circumstances (medical conditions, impairment, allergy, etc..) of which the catechist (s) should be made aware. List child by name and explain:

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Participation: I hereby consent to participation of my child/children (named above) in the religious education program at St. Margaret Parish, Otsego, MI for this academic year. I understand this program will take place on the parish grounds and that my child/children will be under the supervision of the authorized parish personnel.

Fee: \$45 with a family cap of \$100			Check #
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**Parent Emergency Authorization**

Child's name	Allergies	Specific Medical Problems

In case of emergency, notify (include two names with phone numbers)

Name	Relationship	Phone	

In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment.

I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Parent Name (Print)	Parent Signature	Date:

**Photo Release:**

I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me.

I understand that the fore mentioned are made at the discretion of the Director.

I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.

Parent Signature:	Date:

