

Divine Providence Parish
2500 Mayfair
Westchester, IL 60154
708.562.2258 X 32

For Office Use Only
Date of Registration: _____
of Children: _____

REGISTRATION FORM 2017 - 2018
NEW REGISTRATION

Child's Name: _____
First Middle Last

Address: _____

City/State/Zip: _____

Child's Birth Date: _____ City of Birth: _____

Home Phone: (_____) _____

Name/City of Public School: _____

Grade in September of 2017: _____

FAMILY INFORMATION

Mother's Name: _____
First MAIDEN Last

E-Mail: _____ Cellular Phone: (_____) _____

Religion: _____

Mother's Address (ONLY IF DIFFERENT FROM CHILD)

Father's Name: _____
First Middle Initial Last

E-Mail: _____ Cellular Phone: (_____) _____

Religion: _____

Father's Address (ONLY IF DIFFERENT FROM CHILD)

Does your child have any special needs, e.g. medication, allergies?

Is your child enrolled in special education classes? Have a learning disability or physical handicap? If yes, please explain.

Are there any special family circumstances that we should know, e.g. parents are divorced/separated, the child lives with someone other than the natural parent? (Please see policies for further information.)

IF YOU cannot be reached in an emergency, whom can we contact?

_____ (_____) _____
Name Phone Number **INCLUDING** area code

Relationship to child: _____

=====

Church of Baptism: _____

Date of Baptism: _____

Has this child received the Sacrament of Reconciliation? _____ Yes _____ No

If Yes, Name of Church _____

Date: _____

Has this child received First Communion? _____ Yes _____ No

If Yes, Name of Church _____

Date: _____

Has this child received the Sacrament of Confirmation? _____ Yes _____ No

If Yes, Name of Church _____

Date: _____

Divine Providence Parish
Religious Education Program
Westchester, IL 60154

2017 - 2018 School Year

Dear Parent/Guardian,

The following release forms must be signed and kept in your child's file. Please complete each section and return this sheet to the office at the time of registration. (A copy must be signed each year.)

Thank you,

Coordinator of Religious Education

I hereby give permission for my child _____ to participate in the Divine Providence Religious Education Program. I understand that this may include some physical and outdoor activities. I hereby release and indemnify Divine Providence Parish, its staff and volunteers, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

Parent/Guardian Signature

Date

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the Coordinator of Religious Education (or other appropriate staff member), there is a necessity for immediate examination and/or treatment of my child, I hereby authorize the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Parent/Guardian Signature

Date

I hereby give permission for my child _____ to have a snack at break time, when available, while s/he is participating in Religious Education Classes or functions. **These restrictions apply:** _____

Parent/Guardian Signature

Date