



2020 - 2021 STUDENT REGISTRATION AND EMERGENCY FORM

PLEASE COMPLETE SEPARATE FORM FOR EACH CHILD

NAME LEGAL LAST NAME FIRST MIDDLE SEX: M F GRADE

SCHOOL ATTENDING NAME OF SCHOOL CITY

BIRTH DATE MONTH/DAY/YEAR BIRTH PLACE CITY/ STATE SOCIAL SECURITY #

ADDRESS CITY ZIP PHONE ( )

HOME SITUATION: (CIRCLE THE NUMBER OF THE SITUATION THAT APPLIES)

- 1. LIVING WITH BOTH PARENTS
2. PARENTS SEPARATED; LIVING WITH MOTHER.
3. PARENTS SEPARATED; LIVING WITH FATHER
4. FATHER NOT LIVING; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER (CIRCLE ONE)
5. MOTHER NOT LIVING; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER (CIRCLE ONE)
6. PARENTS DIVORCED; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER (CIRCLE ONE)
7. PARENTS DIVORCED; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER (CIRCLE ONE)
8. LIVING WITH GUARDIANS WHO ARE RELATIVES.
9. LIVING WITH SINGLE MOTHER/FATHER (CIRCLE ONE)
10. OTHER

IF #2 THROUGH #10 IS CIRCLED: WHO HAS CUSTODIAL RIGHTS?

Do you consent to the student being released to the non-custodial parent? Yes No

(CIRCLE ONE) FATHER, STEPFATHER, GUARDIAN

NAME LEGAL LAST NAME FIRST MIDDLE SOC. SEC. #

RELIGION PARISH ENVELOPE NO. \*

HOME ADDRESS (IF DIFFERENT FROM STUDENT'S ADDRESS) CITY STATE ZIP

CELL PHONE ( ) EMAIL ADDRESS

HOME PHONE ( ) WORK PHONE ( )

EMPLOYER OCCUPATION

(CIRCLE ONE) MOTHER, STEPMOTHER, GUARDIAN

NAME LEGAL LAST NAME FIRST MIDDLE SOC. SEC. #

RELIGION PARISH ENVELOPE NO. \*

HOME ADDRESS (IF DIFFERENT FROM STUDENT'S ADDRESS) CITY STATE ZIP

CELL PHONE ( ) EMAIL ADDRESS

HOME PHONE ( ) WORK PHONE ( )

EMPLOYER OCCUPATION

\*MUST PROVIDE PARISH ENVELOPE NUMBER TO RECEIVE PARISHIONER TUITION RATE

PLEASE PROVIDE ADDITIONAL INFORMATION ON NEXT PAGE

**STUDENT SACRAMENTAL INFORMATION:**

New Students: Please staple Baptism, First Communion and Confirmation Certificates here

**BAPTISM**

DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
MONTH/DAY/YEAR

**FIRST COMMUNION**

DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
MONTH/DAY/YEAR

**FIRST PENANCE**

DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
MONTH/DAY/YEAR

**CONFIRMATION**

DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
MONTH/DAY/YEAR

**NEW STUDENTS ONLY:** LIST PARISH(ES) AND GRADE(S) WHERE CHILD PREVIOUSLY WAS ENROLLED:

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (IN CASE OF EMERGENCY, IF PARENT CANNOT BE REACHED)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
LEGAL LAST NAME FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

**HEALTH INFORMATION:**

PLEASE LIST ANY HEALTH PROBLEMS, ALLERGIES, MEDICATIONS, LEARNING ISSUES OR SOCIAL PROBLEMS:

\_\_\_\_\_

*I give permission for my child to receive medical treatment in an emergency when I cannot be contacted. Emergency medical treatment and transportation by ambulance will be paid at the parent's expense. I give permission and consent to the Release Forms and agree to follow the policies contained in the 2020-2021 St. Mary Magdalene Religious Education Family Handbook*



PRIMARY HEALTH INSURANCE \_\_\_\_\_ GROUP/ POLICY NUMBER \_\_\_\_\_

\_\_\_\_\_  
*Parent or Guardian Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian Signature* \_\_\_\_\_  
*Date*

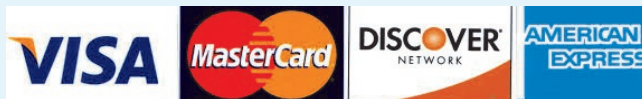
**2020 - 2021 RELIGIOUS EDUCATION TUITION:**

**PARISHIONER OF ST. MARY MAGDALENE or ST. BERNARD: \***  
ONE CHILD \$185.00; TWO CHILDREN \$220.00; THREE CHILDREN \$255.00; EACH ADDITIONAL CHILD \$30.00.

**NON-PARISHIONER: \***  
ONE CHILD \$240.00; TWO CHILDREN \$280.00; THREE CHILDREN \$320.00; EACH ADDITIONAL CHILD \$35.00.

**\*MUST PROVIDE PARISH ENVELOPE NUMBER TO RECEIVE PARISHIONER TUITION RATE TO RECEIVE THE ABOVE RATES, TUITION MUST BE PAID-IN-FULL AT THE TIME OF REGISTRATION.**

**A FEE OF \$20.00 PER CHILD WILL BE ADDED THE FIRST OF EACH MONTH FOR LATE PAYMENT OF TUITION. FULL PAYMENT IS DUE BY DECEMBER 1, 2019**  
Please Phone the Rectory (815-722-7653) for Credit Card payment instructions



**St. Mary Magdalene Religious Education • 201 S. Briggs Street • Joliet, IL 60433 • 815-727-4600**  
[www.stmarymagdalenechurch.com](http://www.stmarymagdalenechurch.com)

Please Staple Tuition Payment Here