

Nativity of the Blessed Virgin Mary Parish
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2011-2012 Registration for Religious Education
Pre-K – 2nd and 4th – 8th Grades

TODAY'S DATE _____ PREFERRED SESSION (Sun 9/1045/Wed) _____
 IS FAMILY REGISTERED WITH NATIVITY? _____ This will NOT register your family with the parish!

STUDENT #1 FIRST NAME _____ MI ____ LAST NAME _____
 MALE _____ FEMALE _____ DATE OF BIRTH ____/____/____ AGE ____
 CURRENT SCHOOL _____ GRADE LEVEL ____
 DO YOU WANT YOUR CHILD ENROLLED IN OUR SPECIAL NEEDS CLASS? _____
 RELIGIOUS EDUCATION CLASS ENROLLED IN LAST YEAR _____
 ENROLLED IN PARISH PROGRAM OTHER THAN NATIVITY? _____
 IF YES, WHERE? _____
 DIVORCED OR SEPARATED HOUSEHOLD? YES _____ NO _____
 Sacraments Received: Baptism ____ Reconciliation ____ Eucharist ____

STUDENT #2 FIRST NAME _____ MI ____ LAST NAME _____
 MALE _____ FEMALE _____ DATE OF BIRTH ____/____/____ AGE ____
 CURRENT SCHOOL _____ GRADE LEVEL ____
 DO YOU WANT YOUR CHILD ENROLLED IN OUR SPECIAL NEEDS CLASS? _____
 RELIGIOUS EDUCATION CLASS ENROLLED IN LAST YEAR _____
 ENROLLED IN PARISH PROGRAM OTHER THAN NATIVITY? _____
 IF YES, WHERE? _____
 DIVORCED OR SEPARATED HOUSEHOLD? YES _____ NO _____
 Sacraments Received: Baptism ____ Reconciliation ____ Eucharist ____

STUDENT #3 FIRST NAME _____ MI ____ LAST NAME _____
 MALE _____ FEMALE _____ DATE OF BIRTH ____/____/____ AGE ____
 CURRENT SCHOOL _____ GRADE LEVEL ____
 DO YOU WANT YOUR CHILD ENROLLED IN OUR SPECIAL NEEDS CLASS? _____
 RELIGIOUS EDUCATION CLASS ENROLLED IN LAST YEAR _____
 ENROLLED IN PARISH PROGRAM OTHER THAN NATIVITY? _____
 IF YES, WHERE? _____
 DIVORCED OR SEPARATED HOUSEHOLD? YES _____ NO _____
 Sacraments Received: Baptism ____ Reconciliation ____ Eucharist ____

CONTACT INFORMATION: NAME: _____
 E-MAIL ADDRESS: _____
 HOME PHONE: _____ CELL: _____ WORK: _____
 RELATIONSHIP: _____ RELIGION: _____
 PRIMARY CONTACT FOR THE STUDENT? YES _____ NO _____

CONTACT INFORMATION: NAME: _____
 E-MAIL ADDRESS: _____
 HOME PHONE: _____ CELL: _____ WORK: _____
 RELATIONSHIP: _____ RELIGION: _____
 PRIMARY CONTACT FOR THE STUDENT? YES _____ NO _____

PRIMARY ADDRESS: _____ CITY _____ ZIP _____
 (Where correspondence should be mailed)

VOLUNTEER: HOW ARE YOU WILLING TO HELP THIS CRITICAL PROGRAM?
 Catechist: ____ Catechist Aide ____ Substitute ____ Office Help ____ Tester ____
 Crossing Guard ____ Other (Please specify) _____

PLEASE COMPLETE the medical questionnaire and submit both documents to the Religious Education Office!

**Nativity of the Blessed Virgin Mary Parish
2011-2012 Photo, Video, Medical Release**

Submit this page along with any of the registration forms you may be submitting for the year.

If you have registered more than one child in the program, please note, only one completed photo/video release form is necessary for the whole family. On the medical questionnaire, just note the child's first name next to any of the questions you answered "yes" to.

PHOTO / VIDEO RELEASE

I hereby give permission for my son/daughter to be photographed or videotaped at Nativity of the Blessed Virgin Mary Parish for the year registered in Religious Formation. I realize the photo/video may be published in the bulletin or other parish and/or archdiocesan publications. The photo/video may be used for informational, educational or promotional purposes regarding our religious education/formation programs

Important Note: Your child's picture and/or name will only be released if we have assigned release on file for the current year.

Parent Signature: _____ Date: _____

MEDICAL QUESTIONNAIRE

Emergency contact person:

Name: _____ Date: _____

Name of Physician: _____

Is your child diabetic? Yes ____ No ____ Does he/she suffer from seizures? Yes ____ No ____

Is your child allergic to any foods or medicines? Yes ____ No ____ If yes, please list below

Does your child have difficulty with any of the following? If yes, please explain.
Asthma ____ ADD ____ Autism ____ Hyperactivity ____ Poor Eyesight ____ Reading ____
Writing ____ Speaking ____ Hearing ____ Other ____

Does your child have any other physical, mental or emotional concerns that we need to be aware of? If yes, please elaborate:

Please list any medications your child is taking that we should be aware of:

I have read and completed the above information and certify that I have disclosed all medical information regarding my child(ren).

Name _____ Date ____/____/____
PARENT/GUARDIAN

Submit both documents to the Religious Education Office!