



St. Priscilla Religious Education 6949 West Addison Chicago, IL 60634 (773) 685-3785

FAMILY REGISTRATION FORM 2019-2020

Family Name _____ (as on the address)

Mailing Address _____

City _____ State _____ Zip Code _____

Cell phone _____ Email _____

Grade in Rel Ed _____

1st CHILD First Name _____ Last Name _____ Sex: M /F

Date of Birth _____ School _____ Grade _____ IEP Yes

Allergies _____ Medication _____

SACRAMENTAL & RELIGIOUS EDUCATION INFORMATION

Date of Baptism _____ Parish Name _____ City _____

Date of 1st Communion _____ Parish Name _____ City _____

Years of Rel. Ed. _____ Parish Name _____ City _____

Grade in Rel Ed _____

2nd CHILD First Name _____ Last Name _____ Sex: M /F

Date of Birth _____ School _____ Grade _____ IEP Yes

Allergies _____ Medication _____

SACRAMENTAL & RELIGIOUS EDUCATION INFORMATION

Date of Baptism _____ Parish Name _____ City _____

Date of 1st Communion _____ Parish Name _____ City _____

Years of Rel. Ed. _____ Parish Name _____ City _____

Sacramental Certificates, and Legal Documentations must accompany all NEW Student Registration Form

FAMILY INFORMATION

Father Last Name: _____ First Name: _____	Mother Last Name: _____ First Name: _____
Address: _____	Maiden Name _____
Cell Phone _____	Address: _____
Email _____	Cell Phone _____
Religion other than R. Catholic _____	Email _____
	Religion other than R. Catholic _____

Child lives with: Both Father Mother Legal Guardian (Please Check One)

Custody: If parents are separated/divorced, does the other parent have legal access the child? Yes No

(Please submit copies of legal documents)

If not parents, name of the person responsible for Religious Education _____

(Parents must provide a dated and signed letter with permission.)

EMERGENCY INFORMATION

Name _____ Phone _____ Relationship _____

Doctor's Name _____ Phone _____ Hospital _____

In the emergency when undersigned, or authorized physician cannot be reached I request to obtain medical services for my child. I agree to assume the financial responsibility of any diagnosis/treatment needed.

Signature of Parent/ Legal Guard. _____ Date _____

PICTURE PERMISSION

St. Priscilla Parish reserves the right to use photos of children during masses/class time to promote religious education. Names of students will never be listed with photos. I agree , I disagree

I agree that the above information is correct:

Signature of Parent/ Legal Guard. _____ Date _____