

**ST. PATRICK RELIGIOUS EDUCATION PROGRAM**  
**3500 WASHINGTON STREET**  
**MC HENRY, ILLINOIS 60050**  
**815-385-2959**

**STUDENT REGISTRATION FORM 2010/2011**  
(PLEASE COMPLETE ONE FOR EACH CHILD AND RETURN)

STUDENT NAME \_\_\_\_\_ FAMILY NAME \_\_\_\_\_  
(IF DIFFERENT FROM STUDENT)

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
Parent's # \_\_\_\_\_

PARENTS FULL NAME \_\_\_\_\_  
(FOR MAILING LABEL) FATHER'S NAME MOTHER'S NAME (MAIDEN NAME)

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

FAMILY E-MAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

DOES THIS CHILD LIVE WITH BOTH PARENTS? YES NO

IF NO, WHICH PARENT DOES HE/SHE LIVE WITH? \_\_\_\_\_

ARE BOTH PARENTS CATHOLIC? YES NO

IF YOU ANSWERED NO, WHICH PARENT IS NOT CATHOLIC? MOTHER FATHER

ARE YOUR CHILDREN BEING RAISED: CATHOLIC INTER-FAITH

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_  
(MUST BE ABLE TO BE REACHED DURING CLASS TIME)

SPECIAL NEEDS/ MEDICAL INFO: \_\_\_\_\_  
(EXAMPLE: ALLERGIES/ LEARNING DISABILITIES/A.D.D.)

BIRTHDATE OF CHILD \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

GRADE IN FALL OF 2010 \_\_\_\_\_ AT \_\_\_\_\_ SCHOOL

REGISTERING FOR RE GRADE: PS K 1 2 3 4 5 6 7/8 (Wed Only)

Tuesday Evening 4:30 – 5:45 Wednesday Evening 6:00 – 7:15 Sunday Morn. 8:45 - 10:00AM  
(PS & Kindergarten Only)

**MY CHILD HAS MADE THE FOLLOWING SACRAMENTS:** (PLEASE CIRCLE ALL THAT APPLY)

BAPTISM	RECONCILIATION	EUCCHARIST	CONFIRMATION
_____	_____	_____	_____
Location	Location	Location	Location
_____	_____	_____	_____
Date	Date	Date	Date

IS YOUR CHILD BEHIND IN SACRAMENTS? YES / NO WHICH? \_\_\_\_\_

CHILD ATTENDED RE IN 2009/2010 YES / NO WHERE \_\_\_\_\_