

\_\_\_\_\_ Saint Mary Church, 1012 Lake Street, Evanston, IL 60201  
\_\_\_\_\_ Saint Nicholas Church, 806 Ridge Avenue, Evanston, IL 60202

(847) 864-0333  
(847) 864-1185

## STUDENT REGISTRATION FORM 2023-2024

Child's Name: \_\_\_\_\_

Grade in 2023-2024: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age as of 09/01/2023 \_\_\_\_\_

School Attending: \_\_\_\_\_

Grade in R.E. Program – 2023-2024 (check one)

\_\_\_ PS3 \_\_\_ PS4 \_\_\_ K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3

\_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ HS

**FOR DIRECTOR'S USE ONLY:**

**Sacrament Preparation this year:**

\_\_\_ Reconciliation \_\_\_ Eucharist

\_\_\_ Confirmation

\_\_\_ Catechumenate

**Sacraments already celebrated:** *(Attach a copy of baptismal certificate)*

\_\_\_ Baptism: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

\_\_\_ Reconciliation: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

\_\_\_ Eucharist: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

\_\_\_ Confirmation: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

*If your child has a learning disability, any medical conditions, or allergies, please let us know:*

\_\_\_\_\_  
\_\_\_\_\_

*Adoption/Custody/Guardianship Agreements (we must have a copy of court documents on file)*

\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

*For Director's Use:*

\_\_\_ Baptismal Certificate \_\_\_ Birth Certificate \_\_\_ Adoption/Guardianship/Custody Documents

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 2023-2024 MEDICAL INFORMATION AUTHORIZATION FOR MEDICAL TREATMENT

### MEDICAL/ EMERGENCY INFORMATION

Student's Name	Grade	Medical allergies/significant medical history	Last tetanus immunization

Name of Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Insurance Number \_\_\_\_\_

Other contact in case of emergency: \_\_\_\_\_

#### MEDICAL RELEASE

In the event that the undersigned, or my (our) authorized physician, cannot be reached and Karie Ferrell, Director, the person responsible for the program/ group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Dates for which release is intended: September 1, 2023 through August 31, 2024

\_\_\_\_\_  
Parent/Guardian Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name & Signature

\_\_\_\_\_  
Date