



St. Elizabeth Ann Seton

Religious Education

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TRADITIONAL & FAMILY

RELIGIOUS EDUCATION CLASSES 2018/2019

FAMILY NAME: _____

STREET ADDRESS: _____

CITY STATE _____ **ZIP CODE:** _____

HOME PHONE: _____

E-Mail will be used to notify you of cancellation and other important info.

PARENT E-MAIL ADDRESS _____

*******PARENTS/GUARDIANS*******

FATHER:

NAME: _____

WORK PHONE: _____

CELL PHONE: _____

RELIGION: _____

MARITAL STATUS: _____

MOTHER:

NAME: _____

WORK PHONE: _____

CELL PHONE: _____

RELIGION: _____

MARITAL STATUS: _____

VOLUNTEERS NEEDED FOR TRADITIONAL

CATECHIST (INDICATE GRADE) _____

AIDE (INDICATE GRADE) _____

BABY SITTING _____

TRAFFIC _____

SUBSTITUTE _____

ADORATION CATECHIST _____

VOLUNTEERS NEEDED FOR FAMILY

SHEPERDS _____

BABYSITTING _____

Waivers only apply to volunteers' children K-7th Grade. Catechists and Traffic volunteers receive a 50% waiver.

REGISTERED AT THIS CHURCH: YES NO (IF NO, SEE NON-PARISHIONER FEE SCHEDULE)

*******EMERGENCY CONTACT*******

IN THE EVENT OF AN ILLNESS OR AN EMERGENCY, DURING RE CLASS, PLEASE PROVIDE INFORMATION FOR *SOMEONE LOCAL OTHER THAN PARENT OR GUARDIAN:*

NAME: _____

PHONE NUMBER: _____

COMPLETE ONE FORM FOR EACH CHILD YOU WISH TO REGISTER

FAMILY NAME _____

STUDENT NAME: _____ GRADE IN FALL: _____

GENDER: _____ BIRTHDAY _____ SCHOOL: _____

SESSION REQUESTED

TUESDAY

TUESDAY(FAMILY)

WEDNESDAY

Home School

_____(4:30-6:00PM)

_____(6:30-8:00PM)

_____(4:30-6:00PM)

CIRCLE GRADES OF CATHOLIC SCHOOL AND/OR RELIGIOUS EDUCATION COMPLETED: K 1 2 3 4 5 6

***IF CHILD IS OLDER THAN 2ND GRADE AND NEEDS RECONCILIATION AND/OR FIRST COMMUNION;
PLEASE CHECK HERE*** _____

BAPTISM: DATE NAME OF CHURCH ADDRESS: _____

RECONCILIATION: ___/___/___ _____

1ST COMMUNION: ___/___/___ _____

*****MEDICAL INFORMATION*****

ANY INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL.

DOES CHILD NAMED ON FORM REQUIRE ANY SPECIAL ATTENTION REGARDING AREAS LISTED BELOW? (PLEASE X ALL THAT APPLY):

ALLERGIES

- ___ Food (Specify) _____
- ___ Medications Allergic to (Specify) _____
- ___ Bee Stings
- ___ Other Allergies (Specify) _____

SPECIAL LEARNING NEEDS

- ___ Individual Education Plan (IEP)
- ___ Attention Deficit Disorder
- ___ Behavior Disorder
- ___ Learning Disorder
- ___ Hearing Limitations
- ___ Vision Limitations
- ___ Reading Limitations
- ___ Writing Limitations
- ___ Speech Limitations

ILLNESSES

- ___ Asthma
- ___ Seizures
- ___ Other (Specify) _____
- ___ Physical Limitations (Specify) _____

PLEASE EXPLAIN ANY CHECKED ABOVE: _____

IF YOUR CHILD TAKE MEDICATIONS ON A REGULAR BASIS THAT WE SHOULD BE AWARE OF? YES _____ NO _____

IF YES, PLEASE SPECIFY: _____

PERMISSION TO PHOTOGRAPH YOUR CHILD

Occasionally photographs are taken at Religious Education classes to be published in the bulletin.

_____ I do not want my child to be photographed while attending any Religious Education program.