

St. Mary Star of the Sea Parish Religious Education Program Registration Form

Complete Form. Print Clearly. For ALL registrations, please provide a copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle & Last)	M/F	Date of Birth MO/DAY/YR	Grade 2022-23	Name of Day School & Grade	Baptism Date & Parish	1st Penance Year & Parish	1st Communion Year & Parish

Family Name _____

Father's Name _____

Address _____

Father's Work or Cell # _____

City _____ State _____ Zip _____

Father's Religion _____

Primary Phone _____

Mother's Name _____

Email Address _____

Maiden Name _____ Work or Cell # _____

New to Religious Ed (Yes/No) _____

Religion _____

If yes, Parish _____

Any changes in family in the last six months (divorce, death, new baby...)? _____

Are there any custody/legal issues Yes ☐ No ☐ (If yes, please provide a complete copy of the latest court order.)

Name of person responsible for Religious Education if not a Parent/Guardian _____ Relationship _____

Signature _____ Date _____ Relationship to Child(ren) _____

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EMERGENCY CONTACT INFORMATION: If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone # (home) _____
(cell) _____

CONSENT FOR MEDICAL CARE: I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Programs and activities at St. Mary Star of the Sea ~ Holy Savior Parish.

Signature of Parent/Legal Guardian: _____ Date: _____

MEDICAL / LEARNING DATA: If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions / Allergies	Prescribed Medications	Disability* / Learning Support Services	IEP or 504 Yes/No

* As defined by *Individuals with Disabilities Education Act* IDEA, the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

Is there other information/accommodations we should be aware of for your child? _____

For Office Use Only:

Family Name: _____ Fee (\$50 per student) _____

School Year: _____ Check No: _____

Please return this form to St. Mary Star of the Sea Parish,
1705 Philadelphia Avenue, Ocean City, MD 21842 or return
as an email attachment to religioused@stmaryholysavior.com.