

# 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? \_\_\_\_\_  
 \_\_\_\_\_

<b>For Office Use Only:</b>	
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](mailto:religioused@stmaryholysavior.com).