

CLASS/SESSION INFORMATION

Grades: K-5 OFFERED: Mondays 3:30-4:30 PM or Tuesdays 4:00-5:00 PM or Wednesdays 4:30-5:30 PM
*****2nd & 3rd graders who are new to our program AND delayed for Sacrament preparation will be placed in a class on Wednesdays @ 4:30 PM.**

Jr. High (Gr. 6-8) OFFERED: Mondays 7:00-8:00 PM or Tuesdays 4:00-5:00 PM or Wednesdays 4:30-5:30 PM

*****We must have a minimum of 5 students registered in each class in order for that class to be viable.**

*****Choose a class day/time that will work for your children for the entire school year.**

Frosh & Soph Groups MEET: Selected Sundays, 9:00 AM (Exact dates will be available by visiting www.youthwithheart.com/calendar.)

Peer Ministry: Incoming High School Juniors & Seniors will be invited to join Peer Ministry separately from this registration form.
There will NOT be a tuition charge for Peer Ministry.

Please provide a copy of the baptismal certificate if not baptized at St. Margaret Mary. Children seeking baptism should contact the Faith Formation Office. Children entering our Sacramental programs have been baptized and prepare for two years to receive 1st Eucharist (received in 2nd grade), 1st Reconciliation (received in 3rd grade) and Confirmation (received in 10th grade) . **If you have questions about the timeline for sacrament preparation, please call our office at 630-369-0833.**

First Name	Last Name	Grade in Fall '21	Gender	Birth date	School	Year of Bap.	Year of First Rec.	Year of First Com.	Conf.	1st Choice Day / Time	2nd Choice Day / Time	Home Study

List allergies (food, bee, airborne, medicine, etc.) learning/physical disabilities, special needs, learning issues or any other health issues:

I understand that video and still photography may be taken and used for future promotional efforts, but NO CHILD WILL BE IDENTIFIED BY NAME.

As parent and/or legal guardian, I authorize the treatment of my minor child(ren) by a qualified and licensed physician in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if I am delayed. I authorize the Parish authorities to send my child (properly accompanied) to an available hospital or physician. This consent is granted only after a reasonable effort has been made to reach me. This release is in effect September, 2021 through June, 2022.

Signature of Parent or Legal Guardian _____ Date _____

If signing electronically, check here & initial to verify that this is your legal signature: _____

If signing electronically, check here & initial to verify your understanding that an electronic signature is valid, enforceable and admissible in a legal proceeding: _____

(***Transmission of this form via email is not encrypted, so if you are concerned about the security of your sensitive information (such as birth dates) please scan and fax this form, surface mail it or hand deliver it.)