

**Saint Theresa Parish  
Religious Education Program  
STUDENT REGISTRATION FORM FOR LEVELS 1 – 8**

**We utilize an automated phone and email messaging system for class cancellations, schedule changes, and important reminders. Please list here your email and the number(s) you would like us to call with messages regarding these announcements:**

**Email(s):** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

We are registering for:  Wednesday evening classes (weekly)  Sunday Family and Faith Program (1x month + homework)

Family Home Parish:  St. Theresa  Other (Parish Name/Address) \_\_\_\_\_

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Family Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Father's Name \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

**Please provide a contact in the event we cannot reach you in an emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I authorize the staff of Saint Theresa to seek emergency medical care for my child as deemed appropriate:

Physician: \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**Our program is volunteer based. Please consider helping in one of the following areas. Training is available.**

- Catechist (Teacher)       Classroom Aide  
 Substitute Catechist       Building Monitor (Wednesday evenings, about 1x month)

Comments/Concerns: \_\_\_\_\_

In registering my child for Saint Theresa Religious Formation, I acknowledge that I have a responsibility, as the primary faith educator of my child, to support the teaching of religion and to assist my student's education by our family practice of prayer and good works, observing the Law of God, and attending Mass each Sunday and Holy Day. I agree to abide by the policies in the parent handbook.

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**Religious Education Registration Fees for 2020-2021:**

Payment Date	Early Registration by June 1, 2020	Regular Registration by July 31, 2020	Late Registration after August 1, 2020 <i>(includes a LATE FEE)</i>
One child	\$50	\$90	\$100
Two children	\$70	\$110	\$125
Three or more children	\$85	\$130	\$150

Payment:  Cash  Check # \_\_\_\_\_  On-line Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Payment by credit card can be made online by going to [www.sainttheresaparish.org](http://www.sainttheresaparish.org) and clicking the "Online Donation System" icon. Choose "Rel Education" and enter the amount due.

**Please provide student information on reverse**

**STUDENT INFORMATION** Information is shared only with the classroom teacher. Use additional sheet if necessary.  
**Please include a copy of baptismal certificate for each child.**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ **2020-2021** Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ School attending \_\_\_\_\_

Has this child received any prior formal religious education? If so, where? \_\_\_\_\_

Sacraments received:  Baptism  Penance  Holy Communion  Confirmation

Church of Baptism \_\_\_\_\_ Date Baptized \_\_\_\_\_

Please note for this child any conditions, disorders, allergies, physical, sensory, cognitive, ADHD, or social/emotional disabilities of which we should be aware. (Continue on additional sheet if necessary.)

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

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ **2020-2021** Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ School attending \_\_\_\_\_

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

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