



St. Therese of the Child Jesus Parish

2022-2023 Faith Formation Student Registration Form

For Office Use Only:

Reg. Date: ___/___/___

Religious Education Fees*:
 1st Child \$60.00
 2nd Child \$50.00
 3rd Child \$40.00
 4th + Child Free

Please Note: Kindergarten is free and begins in January. Also, please add \$25 per student in second grade to cover the cost of the extra books needed for sacramental preparation.

**Financial assistance is available for those in need as we do not want any family not to attend our faith formation classes due to cost. Please contact Deacon Mike in our R.E. Office at 715-298-7366 for more information.*

Fee Paid in Full: ___ Yes ___ No

Payment Information:
 Check # \$ _____
 Cash \$ _____
 Balance Due \$ _____

Notes:

Family Surname (Last Name) _____ Primary Phone (____) ____ - _____

Address _____ Family Email _____@_____._____

City _____ Zip _____ @_____._____

Are you a registered family of St. Therese Parish? ___ Yes ___ No If not, please list your parish of registration? _____ or None ___

Please fill out the following information as completely as possible to ensure that we have your most up to date contact information.

Parent/Guardian Information	
Name: _____ Birth Date: ___/___/___ Relationship: Mother ___ Father ___ Guardian ___ Cell Phone: (____) ____ - _____ Email: _____@_____._____	Name: _____ Birth Date: ___/___/___ Relationship: Mother ___ Father ___ Guardian ___ Cell Phone: (____) ____ - _____ Email: _____@_____._____
Religion: Roman Catholic ___ Other _____ Baptized ___ First Eucharist ___ Confirmation ___ Church Married ___ Married ___ Divorced ___ Single ___ Widow ___	Religion: Roman Catholic ___ Other _____ Baptized ___ First Eucharist ___ Confirmation ___ Church Married ___ Married ___ Divorced ___ Single ___ Widow ___
Employer: _____ Occupation: _____ Work Number: (____) ____ - _____ Ext ____	Employer: _____ Occupation: _____ Work Number: (____) ____ - _____ Ext ____
Are you interested in helping with Faith Formation? Yes ___ No ___	Are you interested in helping with Faith Formation? Yes ___ No ___

Alternate Emergency Contact Information

Contact Name: _____

Relationship to Students: _____

Best Number: (____) ____ - _____

The alternate emergency contact is only used in the event that we are unable to contact the parent(s) or guardian(s) listed.

Student Information	First Name (with surname if different)	Gender	Birth Date	Grade	School Attending	Check Sacraments Received			Health Concerns/Special Needs/Notes (Allergies, Learning Disabilities, Etc.)
						Baptism	Reconciliation	Eucharist	
1.		M / F	___/___/___						
2.		M / F	___/___/___						
3.		M / F	___/___/___						
4.		M / F	___/___/___						
5.		M / F	___/___/___						

Safe Environment and Picture/Video Release
 I acknowledge that I am aware that the diocesan safe environment training is available on the diocesan website (<http://diolc.org/safe-environment/>) for my review. I also hereby grant permission for my child/children named on this form to be photographed and/or videotaped during Faith Formation Activities and events; and for the resulting photographs and/or video footage to be edited, if necessary, and then published (newspaper, church bulletin, church website etc.) for the purpose of promoting the activities of St. Therese Catholic Church.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** ___/___/___

If you haven't yet done so, please provide a copy of each child's baptismal certificate for any of your children who were baptized outside of Saint Therese Parish.