



# St. Therese of the Child Jesus Parish

## 2017-2018 Religious Education Student Registration Form

Family Surname (Last Name) _____	Home Phone (____) ____ - _____
Address _____	
City _____ Zip _____	Are you a registered family of Saint Therese Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No

*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 <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Religion: Roman Catholic <input type="checkbox"/> Other _____ Baptized <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Church Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Employer: _____ Occupation: _____ Work Number: (____) ____ - ____ Ext ____ Cell Phone: (____) ____ - ____ Email: _____@_____._____	Name: _____ Birth Date: ____ / ____ / ____ Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Religion: Roman Catholic <input type="checkbox"/> Other _____ Baptized <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Church Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Employer: _____ Occupation: _____ Work Number: (____) ____ - ____ Ext ____ Cell Phone: (____) ____ - ____ Email: _____@_____._____

Emergency Contact Information
Name: _____
Home: (____) ____ - _____
Cell: (____) ____ - _____
Other: (____) ____ - _____
Relationship to Students:
_____
_____
_____
The above information will be used in the case of an emergency when we are unable to contact the parent/guardian.

For Office Use Only:
Registration Date: ____/____/____
Religious Education Fees:
1st Child       \$70.00
2nd Child       \$60.00
3rd Child       \$50.00
4th + Child     Free
<i>Please note: Students in second grade sacramental preparation are subject to additional fee of \$25.00 each.</i>
Fee Paid in Full: <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Information:
Check #       \$ _____
Cash           \$ _____
Credit Card   \$ _____
Balance Due   \$ _____
Notes:
_____
_____

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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*PLEASE NOTE: If any of your children were baptized outside of this parish, and you have not already supplied the R.E. Office with a copy of each child's baptismal record, you will need to supply a copy for our files.*