



St. Therese of the Child Jesus Parish

2018-2019 Faith Formation Student Registration Form

Family Surname (Last Name) _____	Primary Phone (____) ____ - _____
Address _____	Family Email _____@_____.
City _____ Zip _____	Are you a registered family of St. Therese Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, would you like to register? <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: _____	Name: _____
Birth Date: ___/___/___	Birth Date: ___/___/___
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>	Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>
Cell Phone: (____) ____ - _____	Cell Phone: (____) ____ - _____
Email: _____@_____.	Email: _____@_____.
Religion: Roman Catholic <input type="checkbox"/> Other _____	Religion: Roman Catholic <input type="checkbox"/> Other _____
Baptized <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>	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"/>	Church Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/>
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Work Number: (____) ____ - _____ Ext _____	Work Number: (____) ____ - _____ Ext _____

Emergency Contact Information
Primary Contact Name: _____
Best Number: (____) ____ - _____
Secondary Contact Name: _____
Best Number: (____) ____ - _____

For Office Use Only:
Registration Date: ___/___/___
Religious Education Fees*: 1st Child \$60.00 2nd Child \$50.00 3rd Child \$40.00 4th + Child Free
Notice: Please add \$25 per student in second grade to cover the cost of the extra books needed for sacramental preparation.
<i>*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 Mike in our R.E. Office at 1-715-254-4064 for more information.</i>
Fee Paid in Full: <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Information: Check # \$ _____ Cash \$ _____ 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.