



# St. Therese of the Child Jesus Parish

## 2020-2021 Faith Formation Student Registration Form

**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.

This year, we are kindly asking for donations to help offset the significantly increased cost of classroom and internet upgrades in order to provide a live stream option for Faith Formation.

If your family is able to help out, it would be greatly appreciated.

The suggested minimum donation is \$15 per student.

Additional Donation \$ \_\_\_\_\_

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? <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	Emergency Contact
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: Catholic <input type="checkbox"/> Other _____	Religion: 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 _____

If unable to get a hold of parent/guardian listed, please contact:

\_\_\_\_\_

Best Number:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Relationship:

\_\_\_\_\_

*\*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 Dcn. Mike in our R.E. Office at 715-298-7366 for more information.*

Student Information	First Name (with surname if different)	Grade	In-Person or Online	Gender	Birth Date	School Attending	Sacraments Received			Health Concerns/Special Needs/Notes (Allergies, Learning Disabilities, etc.)
							Baptism	Reconciliation	Eucharist	
1			I / O							
2			I / O							
3			I / O							
4			I / O							
5			I / O							

**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 records.*



# St. Therese Parish

I have read the letter regarding the **Re-opening of the Faith Formation Program** in light of COVID-19 and I agree to uphold the parental responsibilities that are listed under

- **Protective Measures  
Parents' Responsibilities**
- **Hygiene & Cleaning  
Parents' Responsibilities**
- **Policy & Procedures for COVID-19 Exposure & Positive Tests  
Parents' Responsibilities**

\_\_\_\_\_  
Parents' Signature

\_\_\_\_\_  
Parents' Printed name

\_\_\_\_\_  
Date

For my children:

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

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

Saint Therese Religious Education Office  
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