

ST. THÉRÈSE FAITH FORMATION REGISTRATION FORM: 2019-2020

Date _____

New _____ Returning _____

Wednesday: 4:00 – 5:15 p.m. _____

Sunday: 10:00 – 11:00 a.m. _____ (Years 1 & 2)

CHILD'S NAME _____

EMERGENCY CONTACT _____

BEST NUMBER TO REACH YOU IN CASE OF AN EMERGENCY

FAMILY INFORMATION

Home Address	City	Zip
Father's Name	Work Phone	Mobile Phone
Mother's Name	Work Phone	Mobile Phone
Email		

***Please note – Preparation for First Holy Communion is a Two (2) Year process.**

SACRAMENTAL INFORMATION

Parish you associate with (where you usually worship)	Child's Birth Date MM/DD/YYYY	Age	Grade
List Sacraments received: Baptism, Communion			

PLEASE PROVIDE A COPY OF THE BAPTISM CERTIFICATE FOR YOUR CHILD.

EMERGENCY CONTACT INFORMATION WHEN PARENTS ARE UNAVAILABLE

Name	Relationship to child	Phone
Name	Relationship to child	Phone
Doctors Name	Preferred Hospital	Phone
Insurance Provider & Plan # or Student ID	Medical Group	Insurance Phone
Allergies –Special Needs Anything we should know		

CONSENT: I understand that the parish/school/catechist does not assume responsibility for medical care. However, in an emergency, you may allow a medical response.

Parent Signature

Date

OFFICE USE ONLY-DONATION: DONATION received _____ CHECK _____ CASH _____ *Certificate received* _____

Request to cover costs: 1 Child: \$125.00; 2 Children: \$225.00; 3 or More Children: \$275.00 (Grades 1-5 Only)
