

ST. THÉRÈSE RELIGIOUS EDUCATION REGISTRATION FORM: 2017-2018

Date _____

New _____ Returning _____

Wednesday: 4:00 – 5:15 p.m. _____

Sunday: 10:00 – 11:00 a.m. _____ (Grades 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		

SACRAMENTAL INFORMATION

Parish you currently attend	Child's Birth Date M/D/Year	Age	Grade
List Sacraments received: Baptism, Reconciliation, Communion			

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

WE NEED A COPY OF THE BAPTISM CERTIFICATE FOR YOUR CHILD.

Certificate recieved _____

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 permit treatment.

Parent Signature

Date

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

Request to cover costs: 1 Child: \$110.00; 2 Children: \$200.00; 3 or More Children: \$275.00 (Grades 1-5 Only)