

ST. THÉRÈSE FAITH FORMATION REGISTRATION FORM: 2018-2019

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	Child's Birth Date M/D/Year	Age	Grade
List Sacraments received: Baptism, Communion			

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

Certificate received _____

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 _____

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