

**Saint Theresa Parish
Religious Education Program
New Student Registration Form**

Family Name _____ Home Phone _____

Address _____

Email address _____

Mother's Name _____ Maiden Name _____

Mother's Religious Affiliation _____

Father's Name _____ Religious Affiliation _____

Please provide a contact in the event we cannot reach you in an emergency:

Name _____ Phone _____

I authorize the staff of Saint Theresa to seek emergency medical care for my child as deemed appropriate:

Our doctor preference is: _____ Phone _____

Our hospital preferences is: _____ Phone _____

Please note below for each child any conditions, disorders, allergies, physical, sensory, cognitive, ADHD, or social/emotional disabilities of which we should be aware. (Continue on additional sheet if necessary.)

Our program is volunteer based. Please consider helping in one of the following areas:

Catechist Substitute Catechist Building Monitor (Wednesday evenings)
 Classroom Aide Donut social (occasional Sundays)

Comments/Concerns: _____

In registering my child for Saint Theresa Religious Formation, I acknowledge that I have a responsibility to support the teaching of religion and to assist my student's education by our family practice of prayer and good works, observing the Law of God and attending Mass each Sunday and Holy Day. I agree to abide by the policies in the parent handbook.

Parent Signature

Please provide student information on reverse.

STUDENT INFORMATION Information is shared only with the classroom teacher. Use additional sheet if necessary.
Please include a copy of baptismal certificate for each child.

Name _____ Age _____ 2010-2011 Grade _____

School attending _____ Date of Birth _____

Church baptized _____ Date Baptized _____

Has this child received any prior formal religious education? If so, where? _____

Has this child received any sacraments in addition to baptism? _____

Please list any special learning needs, allergies, or other pertinent information _____

Name _____ Age _____ 2010-2011 Grade _____

School attending _____ Date of Birth _____

Church baptized _____ Date Baptized _____

Has this child received any prior formal religious education? If so, where? _____

Has this child received any sacraments in addition to baptism? _____

Please list any special learning needs, allergies or other pertinent information _____

Name _____ Age _____ 2010-2011 Grade _____

School attending _____ Date of Birth _____

Church baptized _____ Date Baptized _____

Has this child received any prior formal religious education? If so, where? _____

Has this child received any sacraments in addition to baptism? _____

Please list any special learning needs, allergies, or other pertinent information _____

We utilize an automated phone messaging system for class cancellations, schedule changes, and important reminders. Please list here the number(s) you would like us to call with messages regarding cancellations and reminders:
