



St. Therese of the Child Jesus Parish

2011-2012 Religious Education Student Registration Form

Family Name _____ Home Phone (____) ____ - _____
 Address _____
 City _____ Zip _____
 Are you a registered family of Saint Therese Parish? ___Yes ___No

For Office Use Only:

Registration Date: ___/___/___

Religious Education Fees:
 1st Child \$70.00
 2nd Child \$60.00
 3rd Child \$50.00
 4th + Child Free

Fee Paid in Full: ___Yes ___No

Payment Information:
 Check # \$ _____
 Cash \$ _____
 Credit Card \$ _____
 Balance Due \$ _____

Notes:

Parent/Guardian Information

Name: _____	Name: _____
Birth Date: ___/___/___	Birth Date: ___/___/___
Relationship: Mother ___ Father ___ Guardian ___	Relationship: Mother ___ Father ___ Guardian ___
Religion: Roman Catholic ___ Other _____	Religion: Roman Catholic ___ Other _____
Baptized ___ First Eucharist ___ Confirmation ___	Baptized ___ First Eucharist ___ Confirmation ___
Church Married ___ Married ___ Divorced ___ Single ___ Widow ___	Church Married ___ Married ___ Divorced ___ Single ___ Widow ___
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Work Number: (____) ____ - ____ Ext ____	Work Number: (____) ____ - ____ Ext ____
Cell Phone: (____) ____ - ____	Cell Phone: (____) ____ - ____
Email: _____@_____.	Email: _____@_____.

Emergency Contact Information

Name: _____

Home: (____) ____ - ____

Cell: (____) ____ - ____

Other: (____) ____ - ____

Relationship to Students:

The above information will be used in the case of an emergency when we are unable to contact the parent/guardian.

Student Information	First Names (with Last if Different)	Gender	Birth Date	Grade	School Attending	Check Sacraments Received			Health Concerns/Special Needs/Notes (Allergies, Learning Disabilities, Etc.)
						Baptism	Reconciliation	Eucharist	
1.		M / F	___/___/___						
2.		M / F	___/___/___						
3.		M / F	___/___/___						
4.		M / F	___/___/___						
5.		M / F	___/___/___						

Picture/Video Release
 I 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 and/or broadcast (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 us with a copy of each child's baptismal record, you will need to supply a copy for our files.