



# St. Therese of the Child Jesus Parish

## 2009-2010 Religious Education Student Registration

Family Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

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