

**St. Theresa Parish
Religious Education Registration**

Family Last Name: _____ Home Phone: _____

Address: _____ *Email _____

(class assignments will be emailed early September)

Member of St. Theresa Parish? Yes _____ NO _____

Mother _____

Father: _____

Work#: _____

Work# _____

Cell # _____

Cell#: _____

IN CASE OF EMERGENCY CONTACT: NAME: _____

Phone # _____

Cell # _____

***NOTE:** If your children were baptized outside of this parish, please supply us with a copy of each child's baptismal record for our files. Thank you.

1) Name _____ Birth Date _____ Sex _____ Grade _____ Day _____

BAPTISM: CHURCH _____ DATE _____ EUCHARIST: _____

Special Needs: Please list any situations we should be aware of~ medical, allergies, learning or physical disabilities:

2) Name _____ Birth Date _____ Sex _____ Grade _____ Day _____

BAPTISM: CHURCH _____ DATE _____ EUCHARIST: _____

Special Needs: Please list any situations we should be aware of~ medical, allergies, learning or physical disabilities:

3) Name _____ Birth Date _____ Sex _____ Grade _____ Day _____

BAPTISM: CHURCH _____ DATE _____ EUCHARIST: _____

Special Needs: Please list any situations we should be aware of~ medical, allergies, learning or physical disabilities:

4) Name _____ Birth Date _____ Sex _____ Grade _____ Day _____

BAPTISM: CHURCH _____ DATE _____ EUCHARIST: _____

Special Needs: Please list any situations we should be aware of~ medical, allergies, learning or physical disabilities:

OFFICE USE ONLYTUITION DUE:\$ _____ CASH/CHECK #: _____ DATE: _____**