Religious Education Registration Form

Which Church are you registered at:

St. Thomas _____ St. Teresa _____

Are you a member of the parish?_____

Family Information

Family Last Name_____email_____

Address_____City, State, Zip_____

Home Phone_____ Cell Phone_____

Preferred phone number to call? Home or Cell

Parent Information

Full Name (Include Maiden)	Religion	Church	Bapt.	Rec.	Euch.	Conf.
Mom						
Dad						
Step-Parent						
Step-Parent						

Child/(ren) Live with? Both Parents Mother Father

Is custody by Court Order?_____

If child/(ren) does not live with both parents, does the non-custodial parent have permission to pick up the child?_____

Should the non-custodial parent be kept informed of all activities of the Religious Education Program?_____ If yes, please provide address, email and phone number.

FOR STAFF USE ONLY

Registration Fee Paid: YES // NO Cash____ Check____ /CK #_____ Date:_____

Student Information:

	Child 1	Child 2	Child 3	Child 4
Last Name				
First Name				
Middle Name				
Birthday				
City of Birth				
School/Grade				
Medications:				
Allergies:				
Learning Needs:				
Physical Adaptations:				
Date of Bapt.				
Parish of Bapt.				
Date of Rec.				
Parish of Rec.				
Date of Eucharist				
Parish of Eucharist				
Other Info?				

****If child was not baptized at St. Teresa, Our Lady of Fatima, St Elizabeth, or St. Thomas, please provide a copy of the Baptismal Certificate.**

Please List 2 emergency contacts:

Name._____Relationship_____Phone_____

Name_____ Relationship_____ Phone_____