

Family Last Name _____



\ST. THERESA'S K-11 CHRISTIAN FORMATION REGISTRATION 2018-2019

Father's Name _____ Religion _____ E-mail _____
Last First

Mother's Name _____ Religion _____ E-mail _____
Last First

Mailing Address _____

Home Phone _____ Cell Phone Mother _____ Father _____

Work Phone Mother _____ Father _____

Stepparent/Guardian's Name _____ Religion _____ Cell phone _____

Student resides with: _____ Both parents _____ Mother _____ Father _____ other _____

Emergency Contact _____ Home phone _____ Work/cell phone _____

Are the parents: _____ Married _____ Divorced _____ Separated _____ Widowed

Are there any court restrictions? _____ No _____ Yes, Please explain: _____

We are members of St. Theresa Parish _____ Yes _____ No If no, what is your parish? _____

Please check this box to give permission for the coordinators to take pictures of your family during the school year at our classes and events for publicity of our programs to be displayed in the building, bulletin, and on our church facebook page (no names to be used)

Parent/Guardian Signature _____ Date _____

-OVER-

CONFIDENTIAL INFORMATION

Student's Full Name:	Student's Full Name:	Student's Full Name:	Student's Full Name:
Sex: M/F	Sex: M/F	Sex: M/F	Sex: M/F
Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:
School:	School:	School:	School:
Grade in fall:	Grade in fall:	Grade in fall:	Grade in fall:
Baptism: Yes/No Where:	Baptism: Yes/No Where:	Baptism: Yes/No Where:	Baptism: Yes/No Where:
Reconciliation: Yes/No Where:	Reconciliation: Yes/No Where:	Reconciliation: Yes/No Where:	Reconciliation: Yes/No Where:
Eucharist: Yes/No Where:	Eucharist: Yes/No Where:	Eucharist: Yes/No Where:	Eucharist: Yes/No Where:
Student's e-mail address:	Student's e-mail address:	Student's e-mail address:	Student's e-mail address:
High School Student Cell Phone #	High School Student Cell Phone #	High School Student Cell Phone #	High School Student Cell Phone #
Allergies: Yes/No Describe:	Allergies: Yes/No Describe:	Allergies: Yes/No Describe:	Allergies: Yes/No Describe:
List medications:	List medications:	List medications:	List medications:
Please list special needs (ADD, ADHD), other:	Please list special needs (ADD, ADHD), other:	Please list special needs (ADD, ADHD), other:	Please list special needs (ADD, ADHD), other:
How can we help?	How can we help?	How can we help?	How can we help?
How does your child learn best?	How does your child learn best?	How does your child learn best?	How does your child learn best?

There will be 12 classes, September-March. K-8 Family Program meets on Sundays from 8am Mass-11am.

High School classes will follow the family program from 10:00 Mass-12:30.

Does your family need child care for your pre-schoolers for the family program? #kids _____ Ages _____