

## Dismissal Information

**Only High School Students**

Parents that allow their child to sign themselves in/out, must fill out the following permission statement below.

I, \_\_\_\_\_, parent of \_\_\_\_\_, permit my child/children to sign in and out of St Mother Teresa's Confirmation program. I have talked to my child about this responsibility and understand that by signing this I allow my child to assume this responsibility and release St Mother Teresa from all liability.

K-8: Any special request for dismissal of your child/children? \_\_\_\_\_

Please list two Parent Substitutes / Alternative authorized persons for the pick-up of your child/children:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**I have read the child safety and Sacrament policies and agree to follow them.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IF YOU HAVE MEDICAL INSURANCE, YOUR CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN THE CASE OF ILLNESS OR INJURY.**

Do you have health insurance? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Name of Insurance Company Policy/Member No. Group No.

\_\_\_\_\_  
Subscriber's Name Family Doctor Address and Phone Number

**Tuition for Grades K-8**

\$70. for one child K-8

\$120. for 2 children K-8

\$150. for 3 or more K-8

**Confirmation tuition**

\$175 for 1 child

\$150 per child for 2 or more

3 or more No Additional retreat fee

Payments available online-no refunds

**CHECKLIST**

**Have you:** Picked your child's class day for FF?

Included the baptism certificate?

PAID?

Included the years they received Sacraments?

Logged in to Remind?

Read the Child Safety and Sacrament policies?

Let us know of your child's special needs?

Taken a calendar and info sheet?

Chosen your adult formation option?

Payment Method – \_\_\_ Check Amount= \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_ Cash Amount= \_\_\_\_\_

\_\_\_ Debit/Credit Amount= \_\_\_\_\_ Copy to Martha? \_\_\_\_\_

\_\_\_ Online Amount= \_\_\_\_\_ Reference # \_\_\_\_\_ Receipt enclosed? \_\_\_\_\_

Tuition Due: \$ \_\_\_\_\_ Tuition Pd: \$ \_\_\_\_\_ Accepted by: \_\_\_\_\_

**\*Need payments? Please visit our Business office for arrangements**



# SAINT MOTHER TERESA OF CALCUTTA

## Religious Education Registration 2019-20

Family Last Name: \_\_\_\_\_ Envelope number \_\_\_\_\_

Are you Registered @ St Mother Teresa? Y N If no, would you like to register now-required for sacraments? (initial) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell/Work # \_\_\_\_\_ Catholic? Y N Baptism? Y N Eucharist? Y N Confirmed? Y  
N

Mother's Name: \_\_\_\_\_ Cell/Work # \_\_\_\_\_ Catholic? Y N Baptism? Y N Eucharist? Y N Confirmed? Y  
N

Maiden Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Catholic Marriage? Y N If divorced, Joint custody? Y N

Emergency contact: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_ Authorized to pick up child? Y N

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

We Communicate via text-if you are not in Remind, grab your cell phones **NOW** and text to the Phone number **81010**  
the message **@stocff for K-3 @stgroot for 4th and 5th @smtms for Middle School @smtoc22 for High School**  
Reply with your child(ren)'s name

1 Child's name: \_\_\_\_\_ Gender. M F DOB: \_\_\_\_\_ Grade 2019-20 \_\_\_\_\_ **T shirt size:** \_\_\_\_\_

Circle Session Choice: [Grades K-3: Tu or W @4:30] [4/5-Grooted-Th@4:30] [MS-CIA-M@4:30]  
[HS-Confirmation-Sun@6:15] [Vietnamese – Sat @5-K-8 or Confirmation]

Sacraments: Baptism Year \_\_\_\_\_ Catholic? Y N Reconciliation Year \_\_\_\_\_ Eucharist Year \_\_\_\_\_ Confirmation Year \_\_\_\_\_

*Special Needs: medical, learning or physical disabilities, food allergies:* \_\_\_\_\_

2 Child's name: \_\_\_\_\_ Gender. M F DOB: \_\_\_\_\_ Grade 2019-20 \_\_\_\_\_ **T shirt size:** \_\_\_\_\_

Circle Session Choice: [Grades K-3: Tu or W @4:30] [4/5-Grooted-Th@4:30] [MS-CIA-M@4:30]  
[HS-Confirmation-Sun@6:15] [Vietnamese – Sat @5-K-8 or Confirmation]

Sacraments: Baptism Year \_\_\_\_\_ Catholic? Y N Reconciliation Year \_\_\_\_\_ Eucharist Year \_\_\_\_\_ Confirmation Year \_\_\_\_\_

*Special Needs: medical, learning or physical disabilities, food allergies:* \_\_\_\_\_

3 Child's name: \_\_\_\_\_ Gender. M F DOB: \_\_\_\_\_ Grade 2019-20 \_\_\_\_\_ **T shirt size:** \_\_\_\_\_

Circle Session Choice: [Grades K-3: Tu or W @4:30] [4/5-Grooted-Th@4:30] [MS-CIA-M@4:30]  
[HS-Confirmation-Sun@6:15] [Vietnamese – Sat @5-K-8 or Confirmation]

Sacraments: Baptism Year \_\_\_\_\_ Catholic? Y N Reconciliation Year \_\_\_\_\_ Eucharist Year \_\_\_\_\_ Confirmation Year \_\_\_\_\_

*Special Needs: medical, learning or physical disabilities, food allergies:* \_\_\_\_\_

*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.*

### MASS ATTENDANCE & PARENT PARTICIPATION IN THE LIFE OF THE CHURCH IS PART OF THE FORMATION PROCESS.

#### HOW WOULD YOU LIKE TO PARTICIPATE?

ADULT FORMATION OFFERED DURING OUR K-3 SESSIONS \_\_\_\_\_

ALREADY PART OF A MINISTRY OR WISH TO JOIN? WHICH MINISTRY? \_\_\_\_\_

SANCTA FAMILIA 3 HOUR WORKSHOPS OFFERED OCT 20, DEC 15 & MARCH 15-MUST ATTEND 2 \_\_\_\_\_

BIBLE STUDY \_\_\_\_\_ MARRIAGE ENCOUNTER OR CURSILLO WEEKEND \_\_\_\_\_ CONFIRMATION PARENT/CANDIDATE SPEAKER SERIES \_\_\_\_\_

IF APPROVED, AS A VOLUNTEER CATECHIST (WE WAIVE FEES FOR 1 CHILD) \_\_\_\_\_

*(You will need to complete our Background Check and Virtus Training 1<sup>st</sup>)*