**Dismissal Information**

***High School only:*** Want to to allow your child to sign themselves in and out? If so , please fill out the following:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permit my child/children to sign him/herself 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 the 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

ALL FORMS MUST BE FILLED OUT COMPLETELY!

**Tuition for Grades K-8** **Confirmation tuition**

**$70 for one child K-8 $175 for 1 child**

**$120 for 2 children K-8 $150 per child for 2 or more**

**$150 for 3 or more K-8 No Additional retreat fee**

**Payments available online-no refunds**

For ***Reconciliation and Eucharist*** preparation, **add $10 per child** needing the Sacrament

***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



**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 Sept 20, Nov 15, March 21 & May 16 \_\_\_\_\_**

**Bible Study \_\_\_\_\_**

**Marriage Encounter or Crusillo 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 first

**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 or @stoc23 for High School**

**Reply with your child(ren)’s name THIS IS OUR PRIMARY FORM OF COMMUNICATION-SIGN UP NOW!**

**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.**

Child's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender. MF DOB:\_\_\_\_\_\_\_\_\_\_ Grade 2020-21 \_\_\_\_ **T shirt size**: \_\_\_\_\_\_\_\_\_

Circle Session Choice: Grades K-3: T 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Child's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender. MF DOB:\_\_\_\_\_\_\_\_\_\_ Grade 2020-21\_\_\_\_ **T shirt size**: \_\_\_\_\_\_\_\_\_

Circle Session Choice: Grades K-3: T 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Child's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender. MF DOB:\_\_\_\_\_\_\_\_\_\_ Grade 2020-21 \_\_\_\_ **T shirt size**: \_\_\_\_\_\_\_\_\_

Circle Session Choice: Grades K-3: T or W @4:30 4/5-Grooted-Th@4:30 MS-CIA-M @4:30 HS-Confirmation-Sun @6:15

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

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

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: \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_**