



ST. THERESA CATHOLIC CHURCH
RELIGIOUS EDUCATION/FAITH FORMATION REGISTRATION FORM
4 YR. OLD PRE-K-12TH GRADE - 2018-2019

FAMILY INFORMATION: PARENT/GUARDIAN INFORMATION:

FATHER'S NAME/GUARDIAN: _____

FATHER'S CELL PHONE NUMBER: _____

FATHER'S HOME PHONE NUMBER: _____

FATHER'S EMAIL ADDRESS: _____

MOTHER'S NAME/GUARDIAN: _____

MOTHER'S MAIDEN NAME: _____

MOTHER'S CELL PHONE NUMBER: _____

MOTHER'S HOME PHONE NUMBER: _____

MOTHER'S EMAIL ADDRESS: _____

PREFERRED /MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

FATHER'S RELIGION: _____ MOTHER'S RELIGION: _____

CHILDREN LIVE WITH: -BOTH PARENTS -MOTHER -FATHER -GUARDIAN

REGISTERED IN PARISH? -YES -NO

As faithful and committed members of the Catholic Church, we recognize our obligation as the primary teachers of the Catholic faith to our children. By submitting this registration, we agree to:

- *Attend Mass regularly and reinforce the lessons taught in Religious Education through ongoing demonstrations of living our faith.*
- *Ensure our child/(ren)'s faithful attendance at Religious Education by making it a priority in our schedules.*
- *Ensure that our child/ren arrive on time and do not leave early except in an emergency.*
- *Communicate with our child/ren's catechist and/or the Director of Religious Education any issues or concerns that we have regarding our child/ren.*

Parent's signature

Date

ST. THERESA'S RELIGIOUS EDUCATION PROGRAM

PARENTAL CONSENT

NAME OF CHILD _____ GRADE _____

NAME OF CHILD _____ GRADE _____

NAME OF CHILD _____ GRADE _____

NAME OF CHILD _____ GRADE _____

In the case of accident or serious illness the DRE, catechist or designee will attempt to contact me at the numbers listed on my child's registration form. If they are unable to reach me, they may contact the designated emergency contact at the number listed below. If the DRE, catechist or designee is unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency room, or physician's office, or to call an emergency paramedic ambulance service.

Parent's/guardian's signature

Date

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Diocese of Orlando Photo/Video Permission

Consent, Waiver, Release

For and in consideration benefits to be derived from the furtherance of the educational programs of the Diocese of Orlando, (I)(We), the undersigned parent(s) or legal guardian(s) of _____

Student(s) enrolled in St. Theresa's Religious Education program, do hereby consent, authorize, and grant permission to the Diocese of Orlando and St. Theresa's Catholic Church, Belleview, Florida, its agents, employees or duly authorized representative to take photographs, motion pictures, videos, or audio tapes of said student(s) and do further consent to the publication, circulation and dissemination of said photographs, motion pictures, video or audio tapes or any duplication or facsimiles thereof for any purposes it may deem proper.

Parent's/guardian's signature

Date

FEES: \$25/YEAR – 1 CHILD

\$40/YEAR – 2 CHILDREN

\$50/YEAR – 3 CHILDREN

\$60/YEAR – 4 OR MORE CHILDREN

No family will be denied registration due to financial hardship.

Payment arrangements may be made.

FOR OFFICE USE ONLY

AMT PD: \$ _____ **CASH** _____ **CHECK** _____

DATE RECEIVED: ____/____/____

PAYMENT ARRANGEMENTS MADE:_____

RECEIVED BY:_____ **DATE**_____

Ch
ild

3

Baptism_____

Reconciliation

Eucharist_____

Confirmation

Ch
ild

2

Baptism_____

Reconciliation

Eucharist_____

Confirmation

Child # 1

Baptism_____

Reconciliation_____

Eucharist_____

Confirmation_____

IN
F
O
R
M
A

First
Name

Last
Name

Date
of
Birth

Grade

Allergies,
custodial
concerns,
etc

Mark
the
Sacraments
child
has

Who is
authorized
to
pick up
your
children

INDIVIDUAL CHILD INFORMATION:

FIRST & LAST NAME: _____

Nickname or other name child uses: _____

Date of Birth_____Age_____

Grade & School_____

Does your child require special attention in a learning environment? -YES -NO.

If YES, please describe his/her learning requirements:

Allergies, custodial concerns, etc. _____

Sacraments received Date/Place

Baptism: Date _____ Place _____

Reconciliation: Date _____ Place _____

Eucharist: Date _____ Place _____

Copy of Baptismal certificate is required for preparation of Sacraments.

Who is authorized to pick up your child from Faith Formation sessions?

Name _____

Name _____

Name _____

Name _____