



St. Therese Church

Faith Formation Registration Form

2011-2012

Office Use
Date _____
\$ _____
PS _____

Parent/Family Information

Parent/Guardian Name: _____
Last First Name (s)

Address: _____
Street City Zip

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Parish Membership: _____

Family Email #1: _____ Family Email #2: _____

Preferred method of communication (please circle one):

Mail **Email** **Cell** **Home Phone**

Emergency Contact Name: _____ Phone: _____

Parents are contacted first in all emergencies. Emergency contact is necessary in case we are unable to contact parents.

Student (s) Information

Registration Fee: \$35.00 per student *due at time of registration* **Maximum fee per family: \$100.00**
R.E. Teachers pay ½ Fee: \$17.50 per student *If cost is a concern, please contact Bridget at 338-2433*
ALL Registrations Due by Monday, August 29 by 5:00 pm **LATE FEE: \$10.00/student**

① Student's Name: _____ Grade (Fall '11): _____

Gender: M F Birth Date: _____ Age: _____ School: _____

This child has received: Baptism First Reconciliation First Eucharist Confirmation

Class Preference (please circle):

Wed. K-5 (6:30-7:45 pm) Sun. K-5 (9:30-10:45 am) Sun. 6-12 (7:15-8:30 pm) Confirmation (Wed. 6:30 - 8:00 pm)

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OTHER INFORMATION: Please describe any learning disabilities, special circumstances, allergies or health problems that our volunteer and office staff should be aware of.

Child: _____ Concern: _____

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