

Family Name: \_\_\_\_\_  
 Date rec'd: \_\_\_\_\_  
 Fee: \_\_\_\_\_ Check #: \_\_\_\_\_  
**For Office Use Only**

**St. Teresa of Avila Parish**  
**2017-18 Parish Religious Education Registration Form**

**Family tuition rates after 6/1/2017: one child/\$200, 2 children/\$300, 3 or more children/\$375**

*Please supply all requested information. Print clearly. For **first time** registrations, please provide one copy of each child's Baptismal Certificate if not baptized at St. Teresa's.*

**Please check if registering for Grade K or 1 on Sundays from 10-11AM**

Child's Full Name (First, MI, Last)	M/F	DOB	Last PREP level completed	Name of day school and grade	Baptism Date & Parish	1 <sup>st</sup> Penance Date & Parish	1 <sup>st</sup> Comm. Date & Parish

Family Name: \_\_\_\_\_ Family Email: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Living/Deceased? \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Full Name (with maiden): \_\_\_\_\_ Living/Deceased? \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home or **best** phone: \_\_\_\_\_

Family Name: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:** I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the religious education programs and activities.

**MEDICAL/LEARNING DATA:** If any of the following apply to your child, please list his or her name and give details in the appropriate spaces:

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability/Learning Support Services	IEP or 504
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered "YES" to IEP or 504 then please also complete and attach a detailed **Child Information Form**, available through the CRE.

Is there any other information about your child that should be communicated? **If YES**, please attach to this form.

**CUSTODY: Are there any custody/legal issues?**  YES  NO (If YES, please attach a complete copy of the latest court order.)

\*Who is responsible for Religious Education if not a Parent/Guardian? \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/guardian must provide a signed, dated letter of permission which is to be kept on file and updated annually.

**I have read the Religious Education Program Handbook and agree** to the program requirements and expectations.

**I give permission** for my child's name and/or picture to appear on parish websites, bulletins, sacramental programs, and related media in relation to events that happen in the program and parish.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_