

St Theresa Parish Religious Education Program
RE-REGISTRATION 2017-2018
610-838-7645

PLEASE PRINT CLEARLY

Family Name _____
(Name of Child/Children (include last name and grade/school child will enter in Sept.)

_____ School _____ GR. _____ PREP Level _____
M ___ F ___

_____ School _____ GR. _____ PREP Level _____
M ___ F ___

_____ School _____ GR. _____ PREP Level _____
M ___ F ___

**DO NOT LIST ANY STUDENT WHO WAS NOT IN PREP LAST YEAR
SEND A NOTE FOR A NEW STUDENT FORM AND WE WILL SEND IT.**

Child lives with (Ms./Mrs./Mr./ Mr &Mrs..) _____

Father's Name _____

Mother's Name _____
(First & Maiden)

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Emergency # _____ Who/Name _____

Mom work# _____ Dad work # _____
cell # _____ cell # _____

E-mail address _____

PARISH _____ ARE YOU REGISTERED _____

Registration Fee: Please send fee with your returned form. (Checks payable to St. Theresa Parish)

Check # _____ Cash _____
1 Child \$80.00 2 Children \$150.00 3 or more \$210.00

SACRAMENTAL FEE DUE: First Eucharist 30.00 per child Confirmation 50.00
Parent/Guardian Signature _____ **OVER**

VERY IMPORTANT INFORMATION REQUIRED

IS THERE ANY LEARNING PROBLEM OR PHYSICAL DISABILITY OF WHICH WE SHOULD BE AWARE IN ORDER TO BETTER TO SERVE YOUR CHILD/CHILDREN ?

Name _____

Name _____

Name _____

ARE THERE ANY ALLERGIES YOUR CHILD HAS OR MEDICATIONS YOUR CHILD/DHILDREN MUST KEEP ON THEIR PERSON?

Name _____

Name _____

Name _____

Please, list an EMERGENCY NUMBER WHERE YOU CAN BE REACHED or a delgated adult BETWEEN THE HOURS OF 4:30 and 6:00?

Name of Person	Number
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Name of Person	Number
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Please, check if you are able to assist us in any of these ways. All Diocesan Clearance requirements must be met.

Teacher/Catechist _____ Aide _____
Office Helper _____ Substitude Teacher or Aide _____

PARENT/GUARDIAN
SIGNATURE _____