

**FAMILY
INFORMATION FORM**

**ST. THERESA CATHOLIC CHURCH
HIGH SCHOOL RELIGION CLASS**

NEW THIS YEAR! A High School Religion Class will be offered by the priests for all High School students, grades 9 through 12, on Wednesday evenings from 6:15pm-7:30pm. There is NO fee for this class, but for the safety and security of the students, both sides of this Registration Form still need to be completed and returned. This class does **NOT** substitute as class for the 9th graders who are still required to register and participate in the LIFE TEEN program on Sundays.

FAMILY NAME _____ **PARISH ENVELOPE NO.** _____

PARENT 1: Father Mother Guardian: _____

Last Name, First Name _____

Address _____

City _____ State _____ Zip _____

Phones:

Home _____ Work _____

Cell _____ Other _____

Email:

Home _____

Work _____

Religious Affiliation _____ Primary Language at Home _____

PARENT 2: Father Mother Guardian: _____

Last Name, First Name _____

Address *(if different)* _____

City _____ State _____ Zip _____

Phones:

Home _____ Work _____

Cell _____ Other _____

Email:

Home _____

Work _____

Religious Affiliation _____ Mother's Maiden Name _____

Name(s) & Age(s) of Child(ren) Being Enrolled—Include Last Name(s) if different _____

Child(ren) in residence with: Mother & Father Mother Only Father Only Joint Custody Legal Guardian/Other _____

PICK-UP CONTACT INFORMATION

Please designate a contact who can pick up your child if a parent/legal guardian is not available.

Pick-Up Contact Name _____ Relationship _____

Phones:

Home _____ Work _____ Cell _____ Other _____

Address _____ City _____ State _____ Zip _____

**Please complete both sides of this form
and return to:**

St. Theresa Catholic Church
Office of Youth Ministry
21370 St. Theresa Ln.
Ashburn, VA 20147

STUDENT
INFORMATION FORM

ST. THERESA CATHOLIC CHURCH
HIGH SCHOOL RELIGION CLASS

GENERAL STUDENT INFORMATION

Student Name _____ Student Nickname _____
Age _____ Gender (M or F) _____ Date of Birth _____
Student Email Address _____ Student Cell Phone _____
Academic School (09/10) _____ Academic Grade (09/10) _____
RE Grade (09/10) _____ Last RE Grade Attended _____ Last Calendar Year of Religious Education _____

SACRAMENTAL PROFILE

*All new students must submit a copy of their **Baptismal Certificate** (duplicates only; please do not send originals).
Canon Law requires proof of Baptism before Sacraments can be dispensed.*

BAPTISM:	No	Yes	Date _____	at Saint Theresa Parish?	Yes	No
PENANCE:	No	Yes	Date _____	at Saint Theresa Parish?	Yes	No
HOLY COMMUNION:	No	Yes	Date _____	at Saint Theresa Parish?	Yes	No
CONFIRMATION:	No	Yes	Date _____	at Saint Theresa Parish?	Yes	No

STUDENT MEDICAL PROFILE

Students enrolled in the RE Program must be able to carry and administer their own medical treatments.

Allergies to Allergens, Medicines, Foods, Other: _____

Other Medical Conditions: _____

Special Instructions: _____

Epi-pen: *My child self-administers epi-pen. Someone whom I designate will be on-site to administer my child's epi-pen.*

I understand and consent to this policy regarding epi-pen administration: _____ . (Signature required)

MEDICAL CONTACT INFORMATION

Designating a person to contact in the event of your child's medical emergency (who is NOT the parent/legal guardian) is REQUIRED for enrollment in the RE Program. In a medical emergency, parents/legal guardians will be contacted first.

If parents/legal guardians are not available, this designated medical contact will have consent authority for medical treatments as necessary.

Medical Contact Name _____ **Relationship to Child:** _____

Phones: Home _____ **Cell** _____ **Work** _____ **Other** _____

Address/City/State/Zip _____

STUDENT EDUCATIONAL SUPPORT PROFILE

Please indicate your child's educational support needs so that these needs can be better served in religious education class.

ADDITIONAL REMARKS

