

**OFFICE OF RELIGIOUS EDUCATION
1ST AND 2ND GRADE STUDENT REGISTRATION FORM 2009-2010**

Please complete one side of the Student Registration Form for each child enrolling in Grades 1 or 2. Attach this form to a completed Family Registration Packet available at www.sttheresa-ashburn.com

Father's Name _____ Mother's Name _____ Parish ID No. _____
 Student Name _____ Student Nickname _____ Age _____ Male Female
 Birth Date _____ RE Grade (2009-2010) _____ Last RE Grade Attended _____ Where? _____

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 RELIGIOUS EDUCATION FORMATION GRADE PROFILE

Please check off each Religious Education Grade completed (not Academic Grade)

Grade 1:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 2:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 3:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 4:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 5:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 6:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 7:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 8:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____

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)

NON PARENT MEDICAL CONTACT INFORMATION

*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 _____

SESSION SCHEDULE CHOICE

Session 1: Monday, 4:30-5:45 pm: Kinderg. & Gr. 1-8

Session 2: Monday, 6:15-7:30 pm: Gr. 1-8 [No Kinderg.]
and these Catch-Up Classes: MSP1: Gr. 3-6 MSP2: Gr. 7-8

Session 3: Tuesday, 4:30-5:45 pm: Presch 4 (4 by 9/30),
Kinderg. & Gr. 1-8

Session 4: Wednesday, 4:30-5:45 pm: Presch 4 (4 by 9/30),
Kinderg. & Gr. 1-8

Session 5: Wednesday, 6:15-7:30 pm: Kinderg. & Gr. 1-8,
High School Religion Class—Gr. 9-12 (separate form)

Session 6: Thursday, 4:30-5:45 pm: Kinderg. & Gr. 1-8

STUDENT SCHEDULE PREFERENCES

*Application must include **three** schedule preferences to be processed!*

First Choice: Session # _____ Second Choice: Session # _____ Third Choice: Session # _____

*Subsequent requests to change your child's "Student Schedule Preferences" must be made in writing, with (1) original preferences requested; (2) new preferences desired; (3) the reason for the request. **Requests received after September 1 carry a change fee of \$25.00/child/change.** Schedule change requests are not accepted after October 1.*

ADDITIONAL REMARKS