

SAINT THERESA OFFICE OF RELIGIOUS EDUCATION
FAMILY REGISTRATION FORM 2009-2010

FAMILY NAME _____

Registration in Saint Theresa Parish is required prior to enrollment in Religious Education classes.

Our Family is currently enrolled in the Parish: NO YES PARISH ENVELOPE NO. _____

NAME(S) & AGE(S) OF CHILD(REN) BEING ENROLLED *(Include Last Name(s) if different)*

CHILD 1: _____ AGE _____ 2009-2010 Academic Grade _____

CHILD 2: _____ AGE _____ 2009-2010 Academic Grade _____

CHILD 3: _____ AGE _____ 2009-2010 Academic Grade _____

CHILD 4: _____ AGE _____ 2009-2010 Academic Grade _____

CHILD 5: _____ AGE _____ 2009-2010 Academic Grade _____

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

PARENT 1: FATHER MOTHER GUARDIAN: _____

Last Name, First Name _____ Religious Affiliation _____ Primary Language at Home _____

Address _____ City _____ State _____ Zip _____

Phones:
Home _____ Work _____ Cell _____ Other _____

Email: _____

PARENT 2: FATHER MOTHER GUARDIAN: _____

Last Name, First Name _____ Religious Affiliation _____ Primary Language at Home _____

Address _____ City _____ State _____ Zip _____

Phones:
Home _____ Work _____ Cell _____ Other _____

Email:
Home _____ Work _____

PICK-UP CONTACT INFORMATION *Please designate a contact to 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 _____