

**OFFICE OF RELIGIOUS EDUCATION
STUDENT REGISTRATION FORM 2009-2010**

Please complete one Student Registration Form for each child enrolling in Grades Pre 4, K, and 3-6.
Please download the specific Student Scheduling form for **Grades 1, 2, 7, and 8** from the website.

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 4: Wednesday, 4:30-5:45 pm: Presch 4 (4 by 9/30), 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 5: Wednesday, 6:15-7:30 pm: Kinderg. & Gr. 1-8, High School Religion Class—Gr. 9-12 (separate form)
Session 3: Tuesday, 4:30-5:45 pm: Presch 4 (4 by 9/30), Kinderg. & Gr. 1-8	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