

Family Name _____

Address: _____
Street City Zip Code

Father's Name: _____ **Mother's Full name**
(including maiden) _____

Father's home phone: _____ **Mother's home phone:** _____

Father's cell: _____ **Mother's cell:** _____

Father's email: _____ **Mother's email:** _____

Father's religion _____ **Mother's religion** _____

The children reside with: Both parents ___ **Father** ___ **Mother** ___ **Stepmother** ___ **Stepfather** ___ **Other** ___

The following person has legal custody of child/children _____

Please direct all correspondence to the following parent or guardian: _____

Names of children (list oldest first)

First	Middle	Grade	School	Age	DOB	Church of Baptism

Emergency contact: _____ **phone number:** _____

Relationship to student: _____

The following people are authorized to pickup my child:

Amount Pd

Cash _____
Check # _____
Date: _____

VOLUNTEERS:
WE NEED YOUR HELP!
 Circle the area you'd like to help:
 Assistant Catechist
 Special events
 Substitute Catechist
 Junior high ministry
 High school ministry
 VBS
Virtus trained yes/no

FEES:
 1 CHILD 40.00
 2 CHILDREN 70.00
 3 OR MORE CHILDREN 90.00
 Make all checks payable to St. Theresa Church, memo Religious Education
Confirmation and First Communion are a separate fee of \$50.00.

I grant permission to take and use photographs, artwork, video of my child in publications and website. I understand these materials will be used solely for the purpose of promoting ministry and/or youth programs at St. Theresa's Church.

Parent/Guardian signature _____

I do not grant permission for you to take or use photographs, artwork, video of my child in church publications and website.

Parent/Guardian signature _____

Does your child have any special needs, either mentally or physically, we should be aware of? It would be especially helpful to note any medications your child may be on(especially ADD or ADHD), and whether or not they take it on the weekends.

Name of child: _____ **Grade:** _____

Need: _____

Please list any allergies: _____

Is your child on any medications? Y/N List: _____ **My child is not on this medication during the weekends y/n.**

I further understand all children will undergo the Teaching Child Safety program required by our Diocese unless I return an opt out form to my child's teacher or to Leslie McGowan by September 25, 2011.

Parent signature _____