St. Therese Carmelite Parish
Religious Education

*Elementary: Pre-School/K – 8th Grade

(Preschoolers must be potty trained)

Office Use Only Class Assignment:	
Fee:	
Paid:	
Baptism cet.:	
VIRTUS form:	

Registration Fees:

1st year Eucharist: $100.00 ~ 2nd year Eucharist: $130.00 ~ Graded classes: PS/K & 3-8: $75.00

*A copy of your child's Baptism certificate is due at the time of registration. Your registration can not be accepted without it. The applicable registration fee is also due WITH this registration form.

DATE: _____ **PLEASE PRINT CLEARLY!**

STUDENT INFORMATION:

Last Name: _____ First Name _____ MI _____

Birth Date: _____Age_____ School Name: _____GRADE: _____

Home Address: _____

City: _____ State _____ Zip Code _____

Home Phone: (_____) _____

Parish: _____ Last Religious Education Program Attended: _____
(Parish name/city) (grade)

PARENT INFORMATION:

Are parents married in the Catholic Church?: Y / N

Are parents practicing Catholics? Mom: Y / N Dad: Y / N

Father's Name: _____ Religion_____ Cell Phone: (_____)_____

Mother's Name: _____ Religion_____ Cell Phone: (_____)_____

Mother's Maiden Name: _____ Home phone #: _____

Student lives with: ____Father & Mother ____Father ____ Mother ____Guardian

Guardian Name: _____Home Ph: (____)_____ Cell Ph: (____)_____

Relationship to Student _____

Primary e-mail address: _____

Secondary e-mail address: _____

_____ I give permission for my child's photo to be taken during class activities or events by the teacher, or DRE. Photos are never used for social media without permission from the parents.

~ OVER

SACRAMENTS RECEIVED - Please check all boxes that apply	
Baptized?	☐ **Yes** ☐ **No** **Date:**
Church Name:	/ City: / State:
Copy of Baptism certificate attached?	☐ **Yes** **{ ____ On file from previous year}**
Reconciliation?	☐ **Yes** ☐ **No**
Eucharist?	☐ **Yes** ☐ **No**

***EMERGENCY INFORMATION**

Please contact (if unable to reach parents)

Name: _____

Telephone: (_____)_____ Relationship to Student: _____

CHILD'S MEDICAL INFORMATION:

Health problems or conditions: _____

Medications: _____

Allergies: _____

Registering Parent's Signature: _____

(Staff Use Only – Information to be entered by staff member at time of registration)

Registration Date:	
Class Assignment:	
Fee:	

Payment Date:	
Total Fee:	
Fee Paid:	
Payment Type:	☐ Cash ☐ Check/Check # _____
Balance:	**$** _____

Payment Date:	
Total Fee:	
Fee Paid:	
Payment Type:	☐ Cash ☐ Check/Check # _____
Balance:	**$** _____