

**St. Therese Carmelite Parish
Religious Education**

<i>Office Use Only</i>	
Class Assignment:	
Fee:	
Paid:	
Baptism cet.:	
VIRTUS form:	

*Elementary: Pre-School/K – 8th Grade
(Preschoolers must be potty trained)

Registration Fees:

1st year Eucharist: \$100.00 ~ 2nd year Eucharist: \$120.00 ~ Graded classes: PS/K & 3-8: \$60.00

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

SACRAMENTS RECEIVED - Please check all boxes that apply	
Baptized?:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Church Name:	_____ / City: _____ / State: _____
Copy of Baptism certificate attached?	<input type="checkbox"/> Yes { ____ On file from previous year}
Reconciliation?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eucharist?:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Cash <input type="checkbox"/> Check/Check # _____
Balance:	\$ _____

Payment Date:	_____
Total Fee:	_____
Fee Paid:	_____
Payment Type:	<input type="checkbox"/> Cash <input type="checkbox"/> Check/Check # _____
Balance:	\$ _____