

Office Use Only:

Check #:
 Date of Check:
 Cash:
 Total Amt Paid
 Amt Due:

Saint Theresa Catholic Church Religious Education – 2020-2021 Registration Form**PLEASE RETURN THIS FORM AS SOON AS POSSIBLE**(Start Date: Oct. 11th @12pm)Phone: (361) 298-0637Email: sainttheresacc.re@gmail.com**REGISTRATION PROCESS:**

Complete & send this form with tuition payment to Kristofer Morgan. Cash and checks will be accepted. Please make checks payable to "Saint Theresa Catholic Church" with "Religious Education Tuition" in the memo.

TUITION & FEES: \$35 per child, \$95 for families with three (3) or more children.**1. FAMILY INFORMATION** **New families are asked to submit a copy of each child's Baptism certificate along with this form.

Child/ren's Last Name:

Primary Mailing Address:

City, State, Zip:

Mother's Name:

Religion:

Mother's Mailing Address:

Home #:

City, State, Zip:

Work #:

Mother's E-mail Address:

Cell #:

Sacraments Received by Mother:

Father's Name:

Religion:

Father's Mailing Address:

Home #:

City, State, Zip:

Work #:

Father's E-mail Address:

Cell #:

Sacraments Received by Father:

2. STUDENT INFORMATION If more than 3 children, please use an additional form

	Child # 1	Child # 2	Child # 3
First and Middle Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: mm/dd/yy			
Where did your child receive Religious Education in previous year			
Religious Education Level for Year 2019-2020	Please circle ONE: Pre-K K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12	Please circle ONE: Pre-K K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12	Please circle ONE: Pre-K K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12
Received Catholic Baptism? If no, which denomination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptism Date			
Baptism: Church/City/State			
Received First Reconciliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received First Eucharist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received Confirmation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. SPECIAL NEEDS (EDUCATIONAL) INFORMATION

Information listed below remains confidential and will only be used for purposes related to assisting the Catechist. If more space is needed, please attach a separate sheet to this form. It is recommended that parents of children that have special needs also be provided a one on one meeting with the parish catechetical leader to discuss learning needs.

Name of Child # 1:

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, IEP, etc.)

Name of Child # 2:

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

Name of Child # 3:

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

4. PICK-UP AUTHORIZATION

Please list below those who are authorized by you to pick-up your child from class:

1. Name: Phone:

Relationship to child:

2. Name Phone:

Relationship to child:

5. VOLUNTEER OPPORTUNITIES—Please prayerfully consider and complete.

The success of our parish religious education program and sacramental preparation rests on the support and participation of all parishioners. We are all asked to give of our Time, Talent, and Treasure. Listed below are some areas in which volunteer opportunities are available. Check all those that are of interest to you. Thank you!

Volunteer Name:		Volunteer Name:	
Service	Response	Service	Response
Catechist	<input type="checkbox"/> Yes, in Levels:	Catechist	<input type="checkbox"/> Yes, in Levels:
Teacher Aide	<input type="checkbox"/> Yes, in Levels*:	Teacher Aide	<input type="checkbox"/> Yes, in Levels*:
Substitute	<input type="checkbox"/> Yes, in Levels*:	Substitute	<input type="checkbox"/> Yes, in Levels*:
Room Parent/Hospitality/ Hall Monitor	<input type="checkbox"/> Yes, in Levels*:	RoomParent/Hospitality/ Hall Monitor	<input type="checkbox"/> Yes, in Levels*:

Add Additional Service in these spaces such as assisting with a Family Mass or First Communion Reception	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
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**Diocese of Corpus Christi
Office of Evangelization and Catechesis**

Parish: Saint Theresa Catholic Church – 1302 Lantana St., CC, TX 78407

**PARENTAL/GUARDIAN CONSENT, LIABILITY
PHOTOGRAPHY/VIDEOGRAPHY CONSENT**

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual)

I (name of parent/guardian) _____, grant
permission for my child, (participant’s name-list all children/youth on religious education
form)

_____ , to
participate in _____ to be held

I agree on behalf of myself, my child’s other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to release and hold harmless and defend the Diocese of Corpus Christi, the sponsoring parish (its pastor, youth minister, principal, volunteers, other agents, etc.) or any representatives associated with the scheduled activity from all damages, claims, suits, expenses and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, volunteers, and employees.

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son’s/daughter’s picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

**MEDICAL CONSENT Please
complete one per child/teen**

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Medications:

Family Doctor _____ Phone _____

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication(s): _____ Dosage: _____ **Administer:**

____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.) My son/daughter has had an episode of the following

or has been diagnosed: Seizures Asthma Diabetic Allergic reactions to the following (foods, dyes, latex etc.)

Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No

Has a medically prescribed diet?

The following physical limitations?

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization

You should also be aware of these special medical conditions of my child:

Insurance Information

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____ Name of

Insured: _____ Insurance Policy

Number: _____ Father's Name:

_____ Day Phone:

Mother's Name: _____ Day Phone:

____ No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date