

Office Use Only:
Check #:
Date of Check:
Cash:
Total Amt Paid:
Amt Due:

Saint Theresa Catholic Church Religious Education: 2024-2025 Registration Form

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE (Classes Begin: WED. Sept. 4th, 2023)
 Office Phone: (361) 289-2759 | Email: secretary@sainttheresacc.org

REGISTRATION PROCESS: Complete & send this form with tuition payment to Gloria De La Cruz, (361)946-9976. 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:

| | |
|----------------|-----------|
| Father’s Name: | Religion: |
|----------------|-----------|

| | |
|---------------------------|---------|
| Father’s Mailing Address: | Home #: |
|---------------------------|---------|

| | |
|-------------------|---------|
| City, State, Zip: | Work #: |
|-------------------|---------|

| | |
|--------------------------|---------|
| Father’s E-mail Address: | Cell #: |
|--------------------------|---------|

Sacraments Received:

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

| | Child # 1 | Child # 2 | Child # 3 |
|---|--|--|--|
| First Name | | | |
| Middle Name | | | |
| Last 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: <i>mm/dd/yy</i> | | | |
| Did your child attend religious education last year? Where? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Religious Education Level for Year 2023-2024 | <i>Please circle ONE:</i> Pre-K, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 | <i>Please circle ONE:</i> Pre-K, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 | <i>Please circle ONE:</i> Pre-K, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 |
| Received Catholic Baptism? If not, 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 | | | |

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

| | Child # 1 | Child # 2 | Child # 3 |
|--|--|--|--|
| Received First Reconciliation? Date: Location: | <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? Date: Location: | <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? Date: Location: | <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*: | Hall Monitor | <input type="checkbox"/> Yes, in Levels*: |
| Teacher Aide | <input type="checkbox"/> Yes, in Levels*: | Hospitality | <input type="checkbox"/> Yes, in Levels*: |
| Substitute | <input type="checkbox"/> Yes, in Levels*: | Substitute | <input type="checkbox"/> Yes, in Levels*: |
| Room Parent | <input type="checkbox"/> Yes, in Levels*: | Family Mass | <input type="checkbox"/> Yes, in Levels*: |
| First Communion Reception | <input type="checkbox"/> Yes, in Levels*: | Add Additional Service | <input type="checkbox"/> Yes, in Levels*: |
| | | _____ | |

**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)

