

<b>Office Use Only:</b> <b>Check #:</b> <b>Date of Check:</b> <b>Cash:</b> <b>Total Amt Paid:</b> <b>Amt Due:</b>		<h2 style="text-align: center;">Saint Theresa Catholic Church Religious Education: 2025-2026 Registration Form</h2> <p style="text-align: center;">PLEASE RETURN THIS FORM AS SOON AS POSSIBLE  <b>(Orientation: Aug. 24, 2025 &amp; Classes Begin: SUNDAYS- Sept.7, 2025)</b>  <b>Office Phone: (361) 289-2759 Fax: (361)442-2055 Email: <a href="mailto:secretary@sainttheresacc.org">secretary@sainttheresacc.org</a></b></p>					
<b>REGISTRATION PROCESS:</b> Complete & send this form with tuition payment to Gloria De La Cruz. Cash and checks will be accepted. Please make checks payable to "Saint Theresa Catholic Church" with "Religious Education Tuition" in the memo.							
<b>TUITION &amp; FEES:</b> \$35 per child, \$95 for families with three (3) or more children.							
<b>1. FAMILY INFORMATION</b> **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:							
<b>2. STUDENT INFORMATION</b> If there are more than 3 children, please use an additional form							
	Child# 1		Child# 2		Child# 3		
First Name							
Middle Name							
Last Name							
Gender	D Male   D Female		D Male   D Female		D Male   D Female		
Date of Birth: mm/dd/yy							
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 2024-2025	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 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							
<b>STUDENT INFORMATION ... CONTINUED</b> 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

The 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 who have special needs also be provided with 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:

**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 non-prescription 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/ Diabetes/ Allergic reactions to the following (foods, dyes, latex etc.) \_\_\_\_\_

Has had 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ 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 is a long-distance call, I want to be called collect (with phone charges reversed to me).

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

**Signature (Parent or Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature (Participants aged 18 or older must sign their consent)** \_\_\_\_\_

**Diocese of Corpus Christi**  
**Office of Evangelization and Catechesis**  
**PARENTAL/GUARDIAN CONSENT, LIABILITY**

**PHOTOGRAPHY/VIDEOGRAPHY CONSENT**

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
If the 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 \_\_\_\_\_, \_\_\_\_\_

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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 a 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, PowerPoint, video, etc.) in highlighting the event.**

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date