

Fee Schedule	
One Student	\$50.00
Two Students	\$100.00
Three Students	\$150.00
Baptism	\$50.00
Reconciliation	\$50.00
First Communion	\$75.00
RCIC	\$50.00
Total:	

**St. Theresa Parish
Faith Formation Registration
2020-2021**

Date: _____
Fee: _____
Cash: _____
Check #: _____
Birth Cert: _____
Baptismal Certificate: _____
Initials: _____

Student's Name: _____

Birthdate _____ **Male** **Female** **Language Spoken at Home:** _____

Telephone: _____ **Cell:** _____

Email Address: _____

Parent/Guardian: _____

Student resides with: Both Parents Mother Mother & Stepfather Father Father & Stepmother
 Grandparents Legal Guardian Other Family Members

If parents don't live together who has custody? _____ **Full or Joint Custody:** _____

School: _____ **Grade as of September 2020:** _____

Any allergies or learning challenges we need to know about: _____

SACRAMENTAL RECORDS (Fill out completely)

Are you a registered parishioner? Yes No

- ❖ **Baptism** Yes No
 Month/Year _____ Church: _____
 City: _____ State: _____

- ❖ **Reconciliation** Yes No
 Month/ Year _____ Church: _____
 City: _____ State: _____

- ❖ **First Communion** Yes No
 Month/Year _____ Church: _____
 City: _____ State: _____

If you did not receive sacraments at St. Theresa, please provide copies of certificates. You will be required to take your students (s) to Mass weekly.

PHOTO AND/OR VIDEOTAPED RELEASE STATEMENT

I hereby grant my permission/decline (**please circle one**) for my child to be photographed and/or videotaped during church activities and events. I understand that my child may decline to be photographed and or videotaped at any time.

I further grant/decline **please circle one** permission for the resulting photographs and/or videotaped footage if edited, if necessary, and then published and/or broadcast for the purpose of promoting the Faith Formation program at St. Theresa Parish.

Name: (Please Print) _____

Signature: _____ Date: _____ 