

ST THECLA RELIGIOUS EDUCATION REGISTRATION Today's Date: _____

Family Last Name _____
Address _____ City/State _____ Zip _____

BEST CELL NO. FOR REMIND TEXT MESSAGE SYSTEM- _____

E-MAIL- _____

PARENT/GUARDIAN INFORMATION

Father _____ Religion _____ Cell Ph _____

Mother _____ Religion _____ Cell Ph _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____ Widow _____

Child lives with: Parents _____ Mother _____ Father _____ Other _____ (relationship) _____

PROGRAM INFORMATION Mon 6 – 7:30pm or Tues 5:30 – 7pm

(1)Child's First & Last Name _____ **DOB** _____

Grade _____ Class Day _____ Cell ph # _____

Health conditions/concerns, allergies etc.. _____

(2)Child's First & Last Name _____ **DOB** _____

Grade _____ Class Day _____ Cell ph # _____

Health conditions/concerns, allergies etc.. _____

(3)Child's First & Last Name _____ **DOB** _____

Grade _____ Class Day _____ Cell ph # _____

Health conditions/concerns, allergies etc.. _____

(4)Child's First & Last Name _____ **DOB** _____

Grade _____ Class Day _____ Cell ph# _____

Health conditions/concerns, allergies etc.. _____

See back>>>>

SACRAMENTAL PREPARATION requires 2 years of religious education

Baptism Is your child baptized? _____ Where? _____

(Will need copy of baptismal certificate if new to program)

First Communion Did your child attend 1st grade rel ed? _____ Where? _____

Confirmation Did your child attend 7th grade rel ed? Where _____

MEDICAL TREATMENT RELEASE FORM (Enclosed) Please fill out a separate medical treatment release form for each child enclosed with this form. IF YOUR CHILD HAS A PRESCRIPTION FOR AN EPI PEN, PLEASE GIVE US A COPY OF THE PRESCRIPTION FOR OUR FILES.

As part of the Faith Formation Program, pictures are occasionally taken of the students participating in activities and events. These pictures are used in our bulletin, on our website and on our various social media sites, including our Facebook page. Please indicate below if St. Thecla may/may not use pictures of your child.

____ Yes, you may use pictures of my child ____ No, you may not use pictures of my child

Parent Signature _____ Date _____

Registered parishioner at St Thecla? Yes/No If no, what parish do you belong? _____

TUITION

*****\$50.00 deposit is required with registration*****

St. Thecla Parishioner \$150.00 per family

Office staff only:

Non-Parishioner \$200.00 per family

Tuition _____

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)