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| **St. Thecla 2022-2023 Religious Education Program – MONDAYS from 6-7:30 pm** | | | | | | | | |
| Family’s Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Child’s Last Name (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Father’s Work / Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Mother’s Work / Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Emergency Contact: Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Print Clearly  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Parish where family is currently registered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Marital Status: | Married | Separated | | Divorced *Primary Custody*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Widowed | Single |

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| Child’s Name | Birth Date | Sept 2022 | | Youth  Ministry | Church of Baptism |
| Grade | School | ############################################## | ############################################################################################################## |
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| List any physical or medical conditions / disabilities / allergies which we should be made aware of.  Also, indicate if your child should be placed in a class with a specific child or teacher. |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  | **(OVER) >>>>** |

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| **Parent Volunteers Needed**  \* Background Check and Protecting God's Children Workshop required  \_\_\_\_Catechist (Level \_\_\_\_) \*  \_\_\_\_Substitute (Level\_\_\_\_) \*  \_\_\_\_Aide in the classroom (Level\_\_\_\_) \*  \_\_\_\_Hall Monitor \*  \_\_\_\_Other (Help set up special family events) \* | | |  | ***Please read before signing****:*   * I will attend Mass weekly with my child/children, understanding that attendance at Mass is an integral part of religious formation. * I have reviewed the Discipline Policy with my child/children, and agree to abide by the Code of Conduct. * I am personally responsible for my child/children while they are attending classes, and will accompany them both into and from the classroom/building. * I will bring my child/children to class on time, personally supervise homework assignments, and attend scheduled sessions during the year. * If my child is absent from class, I will cover the lesson at home with him/her. * I give permission for my child/children to be photographed for project purposes, bulletin articles, bulletin board displays, parish website, and electronic display board. Effective measures will be taken to safeguard the individual's identity (i.e. name or any identifying information will not be posted with the photo).   Signature of Parent / Guardian Date |
|  | | |
| **Out of Sync Sacraments**  Indicate here if your child is in need of a sacrament  *but only* if they are beyond the grade / level in which  the sacrament is usually received: | | |
| Child’s Name | Age / Grade | Sacrament Needed |
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| For Office Use Only | | | |  | ***Reminder*** *. . .* |
|  | Date | Paid | Balance |
| Tuition:  Sacrament Fees:  Late Fees: | | | | * To put a check mark indicating how you can help. * To include a $100 deposit. * Tuition for St. Thecla Families $150 * Tuition for Non-St. Thecla Families $200 |