

**St. Theresa of Lisieux Religious Education Program**  
**2011-2012 Family Registration Form**  
*9 East Parkview Drive, South Hadley, Massachusetts 01075, 413-532-3228 x18*

**Family Name** \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Home Phone \_\_\_\_\_

**Mother** \_\_\_\_\_ \*\*E-mail address: \_\_\_\_\_

\*Work Phone \_\_\_\_\_ \*Mobile Phone \_\_\_\_\_

**Father** \_\_\_\_\_ \*\*E-mail address: \_\_\_\_\_

\*Work Phone \_\_\_\_\_ \*Mobile Phone \_\_\_\_\_

*\*Please provide at least two numbers – those best to locate someone during class times*

*\*\*Please provide at least one e-mail address if possible for schedule changes and important announcements*

<u>Child's 1<sup>st</sup> Name</u>	<u>Last Name</u>	<u>Entering Grade</u>	<u>Date of Birth</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

*(additional children may be added on the back of this sheet)*

**Child(ren) resides with** \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

**Emergency Information: (additional name to contact)**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone and cell phone number: \_\_\_\_\_

**Other Information: (allergies/comments/concerns)**

**Family Registration Fee**

**1 child \$25, 2 children \$50, 3 or more children \$75** \_\_\_\_\_

*Please submit payment with form. Make checks payable to "St. Theresa's Church". Mail or deliver to Church rectory. Payment plans/scholarships are available – please contact Anne Cormier at 532-3228 x18.*

**Yes** \_\_\_\_\_, I would be available as a teacher/assistant (circle one), **Grade preferred** \_\_\_\_\_

**Name** \_\_\_\_\_

**\*\*\*NOTE: See back side if registering a new student to the program\*\*\***

**For New Students:**

*A copy of the student's Baptismal record is required for new students – please submit a copy of their certificate to the Rectory before the start of classes.*

Student's Church of Baptism \_\_\_\_\_

Address (not needed if at St. Theresa's) \_\_\_\_\_

Date of Baptism (not needed if at St. Theresa's) \_\_\_\_\_

Student's Church of First Eucharist \_\_\_\_\_

Address (not needed if at St. Theresa's) \_\_\_\_\_

Date of First Eucharist (not needed if at St. Theresa's) \_\_\_\_\_

Family is registered at St. Theresa's Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

Any previous Religious Education? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes where? \_\_\_\_\_

Which grades? \_\_\_\_\_