

St. Teresa of Avila Parish

Office of Religious Education

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RELIGIOUS EDUCATION FAMILY REGISTRATION

2009-2010

Y Please check if address is new

PLEASE PRINT!!!!

FAMILY LAST NAME: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Religion: _____ Cell Phone: _____

Father's Name: _____ Religion: _____ Cell Phone: _____

Family Email Address: _____

Are you registered at Saint Teresa of Avila Parish: **Yes** _____ **No** _____

What Mass does your family attend: _____

Special Note: If you are not registered in the parish, you may want to complete a Parish Registration Form.

FIRST CHILD

First Name: _____ Date of Birth: _____ Age: _____ Sex: M F

Place of Birth: City _____ State _____ Grade Entering in 09/10 School Year: _____

Birth Father's Name: _____ Birth Mother's Name: _____

Mother's Maiden Name: _____

Please list any special needs this child may have & how we can help (e.g. ADD, physical restrictions, medication, allergies): _____

Previous RE class/grade completed (circle grade) K 1 2 3 4 5 6 7

Is this child baptized? Yes _____ No _____

Has this child received First Communion? Yes _____ No _____

IF YOU ANSWERED "YES" TO EITHER OF THESE QUESTIONS AND YOUR CHILD IS GOING TO ATTEND 2ND OR 7TH GRADE, SEND IN A COPY OF THE CERTIFICATE AS SOON AS POSSIBLE!

SECOND CHILD

First Name: _____ Date of Birth: _____ Age: _____ Sex: M F

Place of Birth: City _____ State _____ Grade Entering in 08/09 School Year: _____

Birth Father's Name: _____ Birth Mother's Name: _____

Mother's Maiden Name: _____

Please list any special needs this child may have & how we can help (e.g. ADD, physical restrictions, medication, allergies): _____

Previous RE class/grade completed (circle grade) K 1 2 3 4 5 6 7

Is this child baptized? Yes _____ No _____

Has this child received First Communion? Yes _____ No _____

IF YOU ANSWERED "YES" TO EITHER OF THESE QUESTIONS AND YOUR CHILD IS GOING TO ATTEND 2ND OR 7TH GRADE, SEND IN A COPY OF THE CERTIFICATE AS SOON AS POSSIBLE!

THIRD CHILDFirst Name: _____ Date of Birth: _____ Age: _____ Sex: M F

Place of Birth: City _____ State _____ Grade Entering in 08/09 School Year: _____

Birth Father's Name: _____ Birth Mother's Name: _____

Mother's Maiden Name: _____

Please list any special needs this child may have & how we can help (e.g. ADD, physical restrictions, medication, allergies): _____Previous RE class/grade completed (*circle grade*) K 1 2 3 4 5 6 7

Is this child baptized? Yes _____ No _____

Has this child received First Communion? Yes _____ No _____

IF YOU ANSWERED "YES" TO EITHER OF THESE QUESTIONS AND YOUR CHILD IS GOING TO ATTEND 2ND OR 7TH GRADE, SEND IN A COPY OF THE CERTIFICATE AS SOON AS POSSIBLE!**Registration Fees:**1 child (K-7th Grade) _____ \$100.00 2 or more children (K-7th Grade) _____ \$150.00
Confirmation (8th Grade) _____ \$75.00

Please remember, financial circumstances will not interfere with a child's participation in our program. If paying these fees presents a hardship, please mention this at registration and other arrangements can be made.

In which of the following areas can you help?**Weekly/ Monthly:**

Children's Liturgy of the Word Classroom Support Office Support Teacher's Aid

Special EventsAll Saints Day Childcare Christmas Mass Family Events Hospitality
Mardi Gras Pancake Breakfast Photographer Retreats St. Nick's Day
Stations of the Cross Substitute Vacation Bible School

I have enclosed an additional \$ _____ as a donation to the Religious Education Program for St. Teresa of Avila Parish.

Thank you for your generosity! Without the wealth of time, treasure and talent that is given by so many, a successful Religious Education program would not be possible.**Religious Education Office will complete this section**

Date Received: _____ Amount: _____ Check #: _____ Cash: _____