

ST. TERESA OF AVILA PARISH

For Office Use:
Family Name
School Year:
Fee: Check #:

2023-2024
Registration open April 15 to May 31; a late fee of \$30 will be assessed beginning June 1.
Family tuition rate: \$225 one child; \$315 two children; \$375 three children

PARISH RELIGIOUS EDUCATION PROGRAM

FAMILY NAME:

ADDRESS:

CITY/ZIP CODE:

E-MAIL:

HOME PHONE:

FATHER'S NAME:

WORK OR CELL #:

RELIGION:

MOTHER'S NAME:

WORK OR CELL #:

RELIGION:

Custody: Are there any custody/legal issues?

Yes

No

(If yes, please provide a complete copy of the latest court order.)

\*Name of person legally responsible for Religious Education if not a Parent or Legal Guardian

\*Parent/guardian must provide a signed, dated letter of permission to the DRE, which is to be kept on file and updated annually.

Relationship:

I have read the Family Handbook and agree to the requirements and expectations of the Religious Education Program.

St. Teresa of Avila Parish

I give permission for my child's name and/or image to appear on the parish and archdiocesan websites, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish and/ archdiocesan website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

Signature

Date

Relationship to Child(ren):

Emergency Contact Information: If we are unable to reach you, whom should we contact?

Name:

Relationship:

Phone Number (home):

(Cell):

Consent For Medical Care:

I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St. Teresa of Avila Parish.

Signed (Parent or Legal Guardian):

Date:

**P.#2 must be completed for each child separately.**

Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.

Family Name: \_\_\_\_\_  
Child's Full Name (First, Middle, & Last): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Sex:  Male  Female  
Grade Level: \_\_\_\_\_  
Name of Day School: \_\_\_\_\_  
Baptism Date: \_\_\_\_\_ Parish/Town: \_\_\_\_\_  
First Penance Date: \_\_\_\_\_  
First Comunion Date: \_\_\_\_\_  
Ethnicity:  Hispanic/Latino  Non- Hispanic/Latino  
Race:  American Indian/Native Alaskan  Native Hawaiian/Pacific Islander  
(Please choose only one)  Asian  White  
 Black/African America  Two or more races  
 Other  Prefer not to answer

**Medical/Learning Data**

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Medical Conditions or Allergies (please describe below if yes)  Yes  No  
Prescribed Medications  Yes  No  
Learning Support Services or \*Disability (see IDEA definitions below)  Yes  No  
IEP Individualized Education Program  Yes  No  
\*\*Immunization Are your child's vaccinations up to date?  Yes  No  
*This question does not refer to COVID; rather, child & adolescent immunizations*  
If no, has he/she received an exemption from your current school district?  Yes  No

Please complete information here or add any other information about your child that should be communicated?

\_\_\_\_\_  
\_\_\_\_\_

\*\* IDEA: As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

\*\*Immunization: Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.