

**Catholic Community of St. Clement/St. Teresa of Avila
Religious Formation Registration Form
2008/2009**

CHILD'S LAST NAME: _____ HOME PHONE# _____

CHILD RESIDES WITH (NAME) _____ PARENT ___ GUARDIAN ___ RELATIVE ___

ADDRESS: _____ CITY _____ ZIP CODE _____

FATHER'S FIRST AND LAST NAME _____ RELIGION _____

OCCUPATION: _____ ALT. PHONE _____ CELL PHONE _____

MOTHER'S FIRST, LAST & MAIDEN NAME _____ RELIGION _____

OCCUPATION: _____ ALT. PHONE _____ CELL PHONE _____

ALT. EMERGENCY NAME & RELATIONSHIP _____ PHONE _____

*E-MAIL _____ @ _____

****COPY OF BAPTISMAL CERTIFICATE NEEDED FOR ALL STUDENTS IN GRADES K-2 AND GRADE 8**

CHILD'S NAME	DATE OF BIRTH	SCHOOL ATTENDING	GRADE	CHECK SACRAMENTS ALREADY RECEIVED:
				BAPTISM EUCHARIST PENANCE CONFIRMATION

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*****MY CHILD WILL ATTEND CLASSS AT _____ ST. CLEMENT _____ ST. TERESA OF AVILA, THE ST. DOROTHY CAMPUS**

DOES YOUR CHILD HAVE ANY PHYSICAL/MEDICAL CONDITIONS THAT WE NEED TO BE AWARE OF?

CHILD'S NAME: _____ CONDITION: _____

DOES YOUR CHILD HAVE ANY SPECIAL ACADEMIC NEEDS/MODIFICATIONS? CHILD'S NAME: _____

NEED/MODIFICATION: _____

DID YOUR CHILD HAVE RELIGIOUS FORMATION LAST YEAR? ____ YES ____ NO

IF YOUR CHILD HAD RELIGIOUS FORMATION AT ANOTHER PARISH, NAME THE PARISH _____

PARISH AT WHICH YOU ARE REGISTERED: NAME _____

DO YOU KNOW OF ANY CHILD OR ADULT WHO MAY BE INTERESTED IN BECOMING CATHOLIC? ____ YES ____ NO

WOULD YOU LIKE MORE INFORMATION ON HOW YOUR FAMILY CAN VOLUNTEER IN YOUR PARISH? ____ YES ____ NO

____ I GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE TAKEN AND USED IN PARISH PUBLICATIONS.

____ I UNDERSTAND THAT MY FAMILY IS EXPECTED TO ACTIVELY PARTICIPATE IN THE MASS EACH WEEKEND.

TUITION FEE: \$65.00 PER CHILD/\$30 SACRAMENT FEE PER SACRAMENT

AMT. PAID _____ DATE _____ BALANCE _____ CK. NUMBER _____ CASH _____

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MAKE CHECKS PAYABLE TO: ST. CLEMENT PARISH OR ST. TERESA OF AVILA PARISH