

PROGRAM INFORMATION

Children between the ages of 3 and 14 are encouraged to attend catechesis sessions. Our largest program is *Catechesis of the Good Shepherd*, a Montessori-based, interactive program for children from age 3 through sixth grade. For children in seventh and eighth grades, preparation for the sacrament of Confirmation is available. A minimum of two years of catechesis is required for sacramental preparation. First Holy Communion is normally received in the second grade. St. Teresa is also host to SPRED, religious education for children with special needs.

PROGRAM FEES

No child will be refused religious education for financial reasons. Tuition is \$125 per child, payable by September 30, 2007. The sacramental fee for those children preparing for First Communion or Confirmation is \$25. Bible fee for children in their first year of Level III is \$20. (This is a one-time fee and the Bible is their personal copy.) Additionally, all parents are expected to provide two hours of assistance to the program.

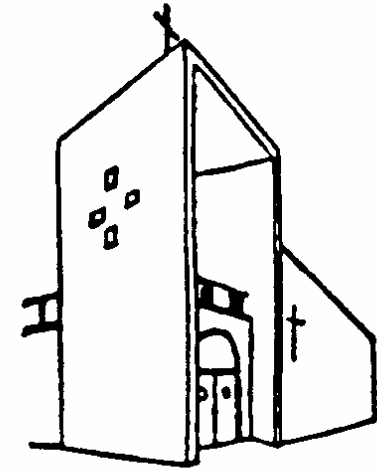
Tuition	125
Sacramental Fee	+ _____
Bible Fee	+ _____
Total	= _____

St. Teresa of Avila Parish
Attn: Kristen Hempstead, DRE
1930 N. Kenmore
Chicago, IL 60614

ST. TERESA OF AVILA PARISH

Religious Education
Registration

2006-2007



St. Teresa of Avila Parish
1930 N. Kenmore
Chicago, IL 60614
773-528-6650
Kristen Hempstead, D.R.E.
khempstead@stteresaparish.org

PLACE
STAMP
HERE

STUDENT INFORMATION

First Name: _____

Last Name: _____

Birth Date: / / Parish: _____

School: _____ Grade: _____

Prior Religious Education: St. Teresa
 None Transferring from:

(Please submit a COPY of the baptismal certificate to the parish office.)

FAMILY INFORMATION

Address: _____

_____ Zip: _____

Home Phone: _____

Mother's Name: _____

Mother's Maiden Name: _____

Religion: _____

Work Phone: _____

Cell/Pager: _____

E-Mail Address: _____

same address as student? yes no

Father's Name: _____

Religion: _____

Work Phone: _____

Cell/Pager: _____

E-Mail Address: _____

same address as student? yes no

MEDICAL INFORMATION

Family Doctor Information

Name: _____

Address: _____

Phone: _____

Hospital Affiliation: _____

Insurance Company: _____

Policy No.: _____

Allergies: _____

Chronic Conditions: _____

Additional Concerns: _____

EMERGENCY TREATMENT AUTHORIZATION

I, _____,
give permission to Kristen Hempstead (or
another authorized member of St. Teresa
Parish) to secure medical treatment for my
child named above, in an emergency
situation.

Signature

Printed Name

Relationship

Date

PICK-UP AUTHORIZATION FORM

I _____
authorize the following person(s) to pick-up
my child,

_____,
from the St Teresa Parish Center, following
the Religious Education session.

Name/ Relation (uncle, aunt, friend, nanny,
etc...)

Signed

Signature

Printed Name

Date