

STUDENT INFORMATION

First Name: _____
Last Name: _____
Nickname: _____
Birth Date: ____ / ____ / ____ Gender: M F
School: _____ Grade: _____
Prior Religious Education: St. Teresa
 None Transferring from: _____

Registered Parish: _____
Baptismal Parish: _____

(If new to the program and NOT baptized at St. Teresa, please submit a COPY of the baptismal certificate to the Parish Office.)

FAMILY INFORMATION

Street Address: _____
City: _____ Zip: _____
Home Phone: _____

Mother's Info:

Name: _____
Maiden (if different): _____
Religion: _____
Work Phone: _____
Cell/Pager: _____
Email address: _____

Same mailing address as student? Y N

Father's Info:

Name: _____
Religion: _____
Work Phone: _____
Cell/Pager: _____
Email address: _____
Same mailing address as student? Y N

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 the Director of Religious Education (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 Religious Education sessions:

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

Signed _____

Signature _____

Printed Name _____

Date _____

Priority for a seat in the program and day selection will be based on the date the COMPLETED registration form is received in the parish office.

For office use only:

Date received: _____

Payment amount: _____

_____ credit card _____ cash _____ check
_____ check # _____

PROGRAMS

Please choose which program you wish to participate in. Additional information on each program is available on our website.

- Catechesis of the Good Shepherd**
(age 3-6th grade)
*Please rank day preference 1-3
(1=most desired, 3=least desired)*
____ Sunday 10:30-11:45 a.m.
____ Tuesday 4:30-6:00 p.m.
____ Thursday 4:30-6:00 p.m.
- Middle School Catechesis/Confirmation Prep**
(7th-8th grade)
Sunday 10:30-11:45 a.m.
- SPRED** (Religious Education for children with special needs)

SACRAMENTAL PREPARATION

Sacramental preparation is taken in addition to regular religious education. First Reconciliation and First Holy Communion are typically received in the 2nd grade. Confirmation is received in middle or high school. All students receiving sacraments must have been enrolled in religious education last year.

Please check any sacramental preparation that is needed.

- First Reconciliation/Communion**
 Confirmation

TUITION INFORMATION

No child will be refused religious education for financial reasons.

Tuition for all programs:

\$150 per child (registered parishioners)
\$200 per child (non-registered parishioners)
Sacramental prep fee \$65 per child

We accept checks and credit cards. Please make all checks payable to St. Teresa of Avila Parish. If you wish to use a credit card, please contact the parish office.



**St. Teresa
of Avila**
Catholic Church

Religious Education
Registration

2011-2012

St. Teresa of Avila Parish
1930 N. Kenmore Ave.
Chicago, IL 60614
773-528-6650

Director of Religious Education:
Kate Lynch

Place
Stamp
Here

St. Teresa of Avila Parish
Attn: Kate Lynch
1930 N. Kenmore Ave.
Chicago, IL 606014