

**TUESDAY EVENING FAITH FORMATION**  
**REGISTRATION FORM**  
**FOR GRADES KN through 5 for 2018-2019**



Today's Date: \_\_\_\_\_  
 Family's Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Home Parish:** \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Please check one of the following:** \_\_\_\_\_ new registration \_\_\_\_\_ returning registration

**NAMES OF CHILDREN:**

1) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ sex: M / F  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Health Information: \_\_\_\_\_

2) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ sex: M / F  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Health Information: \_\_\_\_\_

3) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ sex: M / F  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Health Information: \_\_\_\_\_

**Emergency Information:**

While your child/children are in our care it is important for us to have the following information:

\*\*\*Whom should we contact in case of emergency? (If different from above)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\* List all individuals who are permitted to pick up your child/children (i.e. names of parents grandparents, neighbor, etc) \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

<p><b>Registration Fee: One Child-\$20.00 Two Children-\$35.00 Three or more children \$45.00</b></p> <p>Office Use Only: Date Received: _____ Paid: \$ _____ Check# _____ Cash _____ Not Paid _____</p> <p><b>Make checks payable to???????? St. Therese Church or St. Joseph Church</b></p>
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Continued - OVER

