

ST. TERESA OF AVILA
RELIGIOUS EDUCATION PROGRAM
5775 BUELL STREET
AKRON, N.Y. 14001
FAMILY REGISTRATION FORM
2009-2010

Today's Date _____

Family Name (last) _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

When sending mail, address to (please circle)

Mr. & Mrs. Mr. Mrs. Miss Ms. Other _____

Mother's Name _____
Last First MI Maiden

Religion _____ Registered at (Parish) _____

Place of Employment _____ Work Phone _____

Cell Phone _____

Marital Status: Married _____ Single _____ Divorced _____ Widow _____

Father's Name _____
Last First MI

Religion _____ Registered at (Parish) _____

Place of Employment _____ Work Phone _____

Cell Phone _____

Marital Status: Married _____ Single _____ Divorced _____ Widow _____

Please indicate if you would be willing to volunteer your assistance:

() Substitute Teacher (Grade Level ____) () Teacher's Aide () Hall Monitor

() Liturgy of the Word for Children

In case of emergency when a parent cannot be reached, call:

Name _____ Phone Number _____

Address _____

Relationship to child _____

For office use only: Registration Fee _____ Cash _____

Date Payment received _____ Ck# _____

(over)

Student Name _____
Last First Middle

Date of Birth _____ (Male/Female)

Registering for _____ Sundays: 9:00 am - 10:00 am
(choose one) Gr. K, 1, 2, 3, 4, 5, 6
(or)
_____ Wednesdays: 4:00 pm - 5:00 pm
Gr. K, 1, 2, 3, 4, 5, 6
(or)
_____ Sundays: 11:15 am - 12:30 pm
Gr. 7, 8, 9, 10, 11

Baptized at (Parish) _____ City _____ State _____
(A Baptismal certificate is required if child was not baptized at St. Teresa's)

First Penance at (Parish) _____ City _____ State _____

First Eucharist at (Parish) _____ City _____ State _____

Disability or special need that may require attention such as food allergies, hearing, vision, etc:

Attending Public School _____ Grade _____

Parish where student last attended Religious Education Classes: _____

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Date of Birth _____ (Male/Female)

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