

WELCOME TO ST. TERESA OF AVILA'S RELIGIOUS EDUCATION!

Our parish is committed to supporting the faith formation of our children and young people.

Preparation for the sacraments of Reconciliation, Eucharist and Confirmation take place through the participation in a K-11 program.

The following information will assist parents and guardians who are new to the parish and wish to register children in the program.

Classes are offered on Sundays or Wednesdays for Grades Kindergarten thru six. Classes for Grades Seven thru eleven are on Sunday mornings only.

Copy the registration form below. Enclose a copy of the baptismal certificate if the child was baptized at another parish. Enclose a copy of the First Communion certificate and attendance records for a child in the intermediate grades or higher. The registration fee is \$25 per child or \$50 per family of three or more children.

Register as soon as possible to assure your child's place on the roster.

Classes begin the week of September 10, 2006. The calendar for the year is distributed in September.

God bless you!

ST. TERESA OF AVILA
RELIGIOUS EDUCATION PROGRAM
5775 BUELL STREET, AKRON, N.Y. 14001
FAMILY REGISTRATION FORM 2006-07

Today's Date _____

Family Name _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

When sending mail, address to (*please circle one*)

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

Mother's Name _____
(Last) (First) (MI) (Maiden)

Religion _____ Registered at (Parish) _____

Place of Employment _____ Work Phone _____

Marital Status: Married _____ Single _____ Divorced _____ Widow _____

Father's Name _____
(Last) (First) (MI)

Religion _____ Registered at (Parish) _____

Place of Employment _____ Work Phone _____

Marital Status: Married _____ Single _____ Divorced _____ Widow _____

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

- () Teaching or sub (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 _____ Late Fee _____ Ck# _____

(Over)

