

Registration Form

Saint Therese's/St. Frances Cabrini Parishes

CHILD'S NAME _____

ADDRESS _____

HOME PHONE NUMBER _____

CELL PHONE NUMBER(S) _____

E-MAIL ADDRESS – for remote – (if needed) & Home-School lessons

DATE OF BIRTH _____ CITY OF BIRTH _____

SCHOOL ATTENDING _____

GRADE IN SCHOOL, SEPTEMBER 2020 _____

CHILD LIVES WITH: _____ Mother _____ Father ___ Step Mother

_____ Step Father _____ Guardian: Relationship _____

TO WHOM SHOULD CORRESPONDENCE BE ADDRESSED & SENT

-OVER-

MOTHER'S FULL NAME (Include Maiden Name): _____ Living _____ Deceased

MOTHER'S RELIGION: _____

MARITAL STATUS: _____ Married _____ Separated _____ Divorced _____ Single _____ Remarried

OCCUPATION _____ WORK # _____

FATHER'S NAME _____ Living _____ Deceased

FATHER'S RELIGION _____

MARITAL STATUS: _____ Married _____ Separated _____ Divorced _____ Single _____ Deceased

OCCUPATION _____ WORK # _____

SACRAMENTS

BAPTISM: _____ Date _____ Church _____ City

RECONCILIATION: _____ Date _____ Church _____ City

EUCCHARIST: _____ Date _____ Church _____ City

CONFIRMATION: _____ Date _____ Church _____ City

RELIGIOUS EDUCATION

IS THIS YOUR CHILD'S FIRST YEAR AT ST. THERESE'S or ST. FRANCES CABRINI? _____

ALLERGIES, DISABILITIES, LEARNING PROBLEMS: _____

WILL YOUR CHILD REQUIRE TAKING OR "HAVING ON HAND" ANY MEDICATIONS DURING THEIR RELIGIOUS EDUCATION CLASS? _____

IF SO, PLEASE EXPLAIN _____

**Please Return to: St. Therese's Church
64 Davis St.
Shavertown, PA 18708
ATTN: Denise Williams**