

# RELIGIOUS EDUCATION

## REGISTRATION FORM

I am aware that the Religious Education Handbook is online, and a hardcopy can be provided at my request.  
I give permission to have my child's picture/video on the parish website, social media, or bulletin.  
A copy of each child's Baptismal Certificate must be on file if the sacrament was not received at St. Therese's  
or St. Frances X. Cabrini. *The submission only needs to be made once.*

**REGISTRATION FEE: \$25/STUDENT (grades 1-7) and \$50/8th Grade Confirmation Student**  
*(Checks may be made payable to St. Therese's Church)*

**PLEASE RETURN THE COMPLETED FORM AND PAYMENT TO:**

The Office of Religious Education

St. Therese's Parish

64 Davis St.

Shavertown, PA 18708

**FAMILY NAME (LAST NAME ONLY)** \_\_\_\_\_

**PARISH:** \_\_\_\_\_ **Is your family a registered member?** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ (Home / Cell)

### PARENT INFORMATION:

Mother's Full Name (including Maiden name): \_\_\_\_\_

Religion: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parents are: Married / Separated / Divorced / Widowed (which parent is deceased: \_\_\_\_\_)

Student lives with: Both Parents / Mother / Father / Other Guardian: \_\_\_\_\_

### EMERGENCY CONTACT (if parents/guardians cannot be reached):

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*Please complete the backside of this form.*

**CHILD #1 NAME (FIRST, MIDDLE, LAST)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **City & State of Birth:** \_\_\_\_\_

**Allergies/Medical Conditions/Learning Issues:** \_\_\_\_\_

**Baptism: Date:** \_\_\_\_\_ **Parish:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Eucharist: Date:** \_\_\_\_\_ **Parish:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Class Choice:**

Traditional Class:  Monday (4:45-6pm)  Tuesday (5:30-6:45pm)  Wednesday (6:45-8pm)  At-Home Program

Grade for 2023-24: \_\_\_\_\_ Student's School: \_\_\_\_\_

**CHILD #2 NAME (FIRST, MIDDLE, LAST)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **City & State of Birth:** \_\_\_\_\_

**Allergies/Medical Conditions/Learning Issues:** \_\_\_\_\_

**Baptism: Date:** \_\_\_\_\_ **Parish:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Eucharist: Date:** \_\_\_\_\_ **Parish:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Class Choice:**

Traditional Class:  Monday (4:45-6pm)  Tuesday (5:30-6:45pm)  Wednesday (6:45-8pm)  At-Home Program

Grade for 2023-24: \_\_\_\_\_ Student's School: \_\_\_\_\_

**CHILD #3 NAME (FIRST, MIDDLE, LAST)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **City & State of Birth:** \_\_\_\_\_

**Allergies/Medical Conditions/Learning Issues:** \_\_\_\_\_

**Baptism: Date:** \_\_\_\_\_ **Parish:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Eucharist: Date:** \_\_\_\_\_ **Parish:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Class Choice:**

Traditional Class:  Monday (4:45-6pm)  Tuesday (5:30-6:45pm)  Wednesday (6:45-8pm)  At-Home Program

Grade for 2023-24: \_\_\_\_\_ Student's School: \_\_\_\_\_