

NEW STUDENT REGISTRATION

SAINT MOTHER TERESA PARISH AT ST JAMES CHURCH

LIFELONG FAITH FORMATION

September 2019 – May 2020

STUDENT INFORMATION

Child's Last Name: _____ First: _____ Middle (Full): _____

Address: _____ Town: _____ Zip Code: _____

School Attending: _____ School Grade (Sept) _____

Date of Birth: _____ Age: _____ Place of Birth ((Town&State) _____

Male: _____ Female: _____ Religious Ed. Grade in September _____

ALLERGIES (circle one): Yes No Type of Allergy: _____

LEARNING DISABILITIES (i.e. ADHD, hearing, sight, etc) _____

MEDICAL CONDITIONS (Diabetic, etc.) _____

If your child has previously attended a Religious Education Program, please indicate below:

If yes, where he/she attended _____ Last Grade Level Completed _____

SACRAMENTAL INFORMATION

Baptism: Date: _____ Church: _____ Town: _____

*****If child was not baptized at St. James or St. Augustine's then a copy of your child's Baptismal Certificate must accompany this registration form*****

1st Reconciliation: Date: _____ Church: _____ Town: _____

1st Communion: Date: _____ Church: _____ Town: _____

REGISTRATION FEE: (Cash or checks accepted. Please make checks payable to: LIFELONG FAITH FORMATION)

1 CHILD	\$25.00	KINDERGARTEN	NO FEE
2 OR MORE CHILDREN	\$50.00		

(PLEASE FILL OUT OTHER SIDE)

PARISH INFORMATION

*****NOTE: This form is for Faith Formation use ONLY and does not ensure that your family is registered with our Parish*****

Are you registered parishioners of Saint Mother Teresa Parish? YES or NO

If "NO", please give Name & Address of Parish _____

PARENT INFORMATION

Father's Full Name: _____ Religion: _____

Address if different: _____

Home Phone #: _____ Cell # _____

Mother's Maiden Name: _____ First: _____ Religion: _____

Address if different: _____

Home Phone #: _____ Cell # _____

Marital Status (circle one) Married / Single / Separated / Divorced / Widowed

Legal Guardian if applicable: _____ Address: _____ Phone#: _____

IN CASE OF EMERGENCY

Name of Friend or Relative: _____ Relationship to Child: _____

Phone #: _____ Cell #: _____

Because of the short duration of classes, we are restricted from dispensing any medications during class times per the Diocese of Buffalo Directives & Guidelines.

Please consider offering your time and talents to our Parish Faith Formation Program. Please check any of the following you would like to help with.

Sunday: 9:00-10:45 am

Office Assistant _____

Catechist K-6th _____

Classroom Aides K-6th _____

Children's Liturgist _____

Wednesday: 6:30-8:30 pm

Office Assistant _____

Catechists 7-10th _____

Classroom Aide 7-10th _____

*****ALL INFORMATION ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL*****