

REGISTRATION RENEWAL
SAINT MOTHER TERESA PARISH AT ST JAMES CHURCH
LIFELONG FAITH FORMATION
Sept. 2019 – May 2020

STUDENT INFORMATION

CHILD #1

Last Name: _____ First: _____ Middle (Full) _____

Address: _____ Town: _____ Zip Code: _____

School Attending: _____ School Grade (Sept) _____

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

LEARNING DISABILITIES: (ADHD, hearing, sight, etc) _____

MEDICAL CONDITIONS: (Diabetic, etc.) _____

CHILD #2

Last Name: _____ First: _____ Middle (Full) _____

School Attending: _____ School Grade (Sept) _____

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

LEARNING DISABILITIES: _____

MEDICAL CONDITIONS: (Diabetic, etc.) _____

CHILD #3

Last Name: _____ First: _____ Middle (Full) _____

School Attending: _____ School Grade (Sept) _____

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

LEARNING DISABILITIES: _____

MEDICAL CONDITIONS: (Diabetic, etc.) _____

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

1 CHILD	\$25.00
2 OR MORE CHILDREN	\$50.00

(PLEASE FILL OUT OTHER SIDE)

PARENT INFORMATION

Father's Full Name: _____ Religion: _____
Home Phone #: _____ Cell # _____

Address if different: _____

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

Address if different: _____

Home Phone #: _____ Cell # _____

Parent's Marital Status: (circle one) Single / Married / Divorced / Separated / Widowed

Legal guardian if applicable: _____ Address: _____

IN CASE OF EMERGENCY

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

Phone No.: _____ Cell No.: _____

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

Please consider offering your talents to our Parish Faith Formation Program. Please check any of the following that you are willing to help with.

Sundays 9:15 -10:45 am

Office Assistant _____

Catechist Grades K-6th _____

Classroom Aide K-6th _____

Children's Liturgist _____

Wednesdays 6:30-8:30 pm

Office Assistant _____

Catechist Grades 7-10th _____

Classroom Aide _____

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