

# ST. THECLA RELIGIOUS EDUCATION REGISTRATION

Household Last Name: \_\_\_\_\_

Last Name of Children: \_\_\_\_\_

Today's Date: \_\_\_\_\_

(only if different from parents/household)

## Household Information

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email: \_\_\_\_\_

**EMERG NO. WHERE YOU CAN BE REACHED DURING CLASS** \_\_\_\_\_

Registered as parishioners at St. Thecla? Yes / No

If no, what parish do you belong? \_\_\_\_\_

## Parent/ Guardian Information

**Can we contact you at work?** \_\_\_\_\_

Father: \_\_\_\_\_ Religion: \_\_\_\_\_ (W) Phone \_\_\_\_\_ (C) Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Religion: \_\_\_\_\_ (W) Phone \_\_\_\_\_ (C) Phone \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Single Parent \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow \_\_\_\_\_

**Child lives with:** Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ (relationship)

## Program Information

Child's Name (First and Last)	Date of Birth	Grade Fall	Children of God (Weekly)		Faithful Families	Health concerns, allergies etc...
			MON 6:00 - 7:30 PM	TUES 5:30 - 7:00 PM	Home Study 4 Sun a yr Gr K,1,3,4,5,6,7	

Names of Adults attending Faithful Families: \_\_\_\_\_

## Sacramental Preparation requires at least 2 years of religious education

**Baptism:** Is your child baptized? \_\_\_\_\_ Where? \_\_\_\_\_

**First Communion:** Did your child attend grade 1 religious education? \_\_\_\_\_ Where? \_\_\_\_\_

**Confirmation:** Did your child attend grade 7 religious education? \_\_\_\_\_ Where? \_\_\_\_\_