

ST. THERESE CATHOLIC CHURCH
 FAITH FORMATION
 FAMILY REGISTRATION FORM

Family Registration:

Family ID# _____	Today's Date _____
Family Name: _____	
Head Last: _____	First: _____ Title: _____
Spouse Last: _____	First: _____ Title: _____
Email: _____	
Street Address: _____	City/State: _____
_____	Zip Code: _____
Registered: _____	Family Status: _____
Phone: _____	Description: Home Phone
Phone: _____	Description: Cell Phone
Phone: _____	Description: Office Phone

**WE ARE ASKING THAT EACH FAITH FORMATION FAMILY BE AN ACTIVE VOLUNTEER IN OUR PROGRAM
 PLEASE CHECK THE AREA YOU ARE INTERESTED IN HELPING WITH:**

HALL MONITOR: _____ CATECHIST: ----- SUBSTITUTE: _____

I am available to help: Once a Month: _____ Every Week: _____ Quarterly: _____

Student Registration:

Student Name: _____	Date of Birth: _____
Last Name: _____	First Name: _____
Middle: _____	
Nickname: _____	Suffix: _____
School Grade: _____	Age: _____
Class 19-29: _____	Day: _____ Time: _____
Room # _____	
Penance: _____	Date: _____
Church: _____	City, State: _____
1st Comm: _____	Date: _____
Church: _____	City, State: _____
Baptismal Name**: _____	Date: _____
Church: _____	City, State: _____
Emergency Contact/Name and Phone #: _____	

**** A COPY OF EACH CHILD'S BAPTISMAL CERTIFICATE IS REQUIRED FOR OUR FILES ****