

# ST. TERESA OF AVILA RELIGIOUS EDUCATION CENTER 2017 - 18 SCHOOL YEAR REGISTRATION FORM

**INSTRUCTIONS:**

1. **Complete entire form (front and back) – PLEASE PRINT NEATLY**
2. Make checks payable to **“St. Teresa of Avila Church”**
3. **Mail to:** St. Teresa of Avila Religious Education Center, 1000 Avila Court, Pittsburgh, PA 15237  
Or drop off at the Rectory.
4. **Baptism Certificate** must be included with registration if not baptized at St. Teresa’s and not turned in previously.

**PAYMENT IS DUE UPON REGISTRATION. REGISTRATION IS DUE WEDNESDAY, AUGUST 2nd.**  
For financial difficulties, contact the Religious Education Office at **412-367-9001 Ext. 548.**

**Family Name:** \_\_\_\_\_

**Name of Parish to which you are registered:** \_\_\_\_\_

**Fee:** ON or BEFORE AUGUST 2nd

**Parishioners**

\$55.00 for 1 Child  
\$90.00 for 2 Children  
\$115.00 for 3 or more Children

**Non-Parishioners**

\$75.00 for 1 Child  
\$110.00 for 2 Children  
\$125.00 for 3 or more Children

**OFFICE USE ONLY**

Fee Paid \_\_\_\_\_  
Date Rec’d \_\_\_\_\_  
Baptismal Cert. \_\_\_\_\_

**CLASS TIMES AND OPTIONS:**

**Grades K-4:** Tuesday Afternoon @ 5:00 to 6:15 PM  
**1-5:** Wednesday Afternoon @ 4:45 to 6:00 PM  
**Grades 6-8:** Wednesday Evening @ 7:00 to 8:15 PM  
**Homeschool Program**

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**MOTHER/GUARDIAN NAME:** \_\_\_\_\_

(Circle one) (First) (Maiden) (Last)

**Address:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**FATHER/GUARDIAN NAME:** \_\_\_\_\_

(Circle one) (First) (Last)

**Address:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

(If different from above)

**Religion:** \_\_\_\_\_ **Contact Phone#** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

- **Who is responsible for religious education?** \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian
- **Who is to receive mailings:** \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

**EMERGENCY CONTACT NAME:** (if you cannot be reached) \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

## 1<sup>st</sup> Student's Information

(Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth \_\_\_\_\_

**PLEASE NOTE:** *A copy of the child's baptismal certificate is necessary upon initial enrollment*

Baptized Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Address/Location of Church of Baptism \_\_\_\_\_

Check sacraments this child has received in the Catholic Church:

Reconciliation: \_\_\_\_\_ First Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Church in which student received these sacraments (If other than St. Teresa) \_\_\_\_\_

Grade enrolling in Religious Education \_\_\_\_\_ Class Option (Day/Time) \_\_\_\_\_

Public School attending & School District \_\_\_\_\_

Grade enrolled in Public School \_\_\_\_\_

**Special Needs** (The information regarding your child's particular needs will be kept confidential and only shared with the pastor, catechetical administrator and child's catechist.)

Particular Learning Needs:  ADD  ADHD  Autism Spectrum  Learning Disability

Cognitive/Intellectual  Deafness/Hearing Loss  Vision Loss/Blindness  Epilepsy  OCD

Cerebral Palsy  Spinal Bifida  Specific Allergies \_\_\_\_\_

Specific Health Challenges \_\_\_\_\_

(Please Share any information that may help us accommodate your child and their success in Faith Formation)

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## 2<sup>nd</sup> Student's Information

(Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth \_\_\_\_\_

Baptized Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_ Church of Baptism \_\_\_\_\_

**PLEASE NOTE:** *A copy of the child's baptismal certificate is necessary upon initial enrollment*

Check sacraments this child has received in the Catholic Church:

Reconciliation: \_\_\_\_\_ First Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Church in which student received these sacraments (If other than St. Teresa) \_\_\_\_\_

Grade enrolling in Religious Education \_\_\_\_\_ Class Option (Day/Time) \_\_\_\_\_

Public School attending & School District \_\_\_\_\_

Grade enrolled in Public School \_\_\_\_\_

**Special Needs** (The information regarding your child's particular needs will be kept confidential and only shared with the pastor, catechetical administrator and child's catechist.)

Particular Learning Needs:  ADD  ADHD  Autism Spectrum  Learning Disability

Cognitive/Intellectual  Deafness/Hearing Loss  Vision Loss/Blindness  Epilepsy  OCD

Cerebral Palsy  Spinal Bifida  Specific Allergies \_\_\_\_\_

Specific Health Challenges \_\_\_\_\_

(Please Share any information that may help us accommodate your child and their success in Faith Formation)

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### 3<sup>RD</sup> Student's Information

(Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PLEASE NOTE:** *A copy of the child's baptismal certificate is necessary upon initial enrollment*

Baptized Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Address/Location of Church of Baptism \_\_\_\_\_

Check sacraments this child has received in the Catholic Church:

Reconciliation: \_\_\_\_\_ First Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Church in which student received these sacraments (If other than St. Teresa) \_\_\_\_\_

Grade enrolling in Religious Education \_\_\_\_\_ Class Option (Day/Time) \_\_\_\_\_

Public School attending & School District \_\_\_\_\_

Grade enrolled in Public School \_\_\_\_\_

**Special Needs** (The information regarding your child's particular needs will be kept confidential and only shared with the pastor, catechetical administrator and child's catechist.)

Particular Learning Needs:  ADD  ADHD  Autism Spectrum  Learning Disability  
 Cognitive/Intellectual  Deafness/Hearing Loss  Vision Loss/Blindness  Epilepsy  OCD  
 Cerebral Palsy  Spinal Bifida  Specific Allergies \_\_\_\_\_  
 Specific Health Challenges \_\_\_\_\_

(Please Share any information that may help us accommodate your child and their success in Faith Formation)

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For additional children, please obtain another form. You may use the back of this form to elaborate on any information provided, or to include any information you feel is relevant to your child's Faith Formation.

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#### **Parish of Previous Religious Instruction (if newly enrolled)**

\_\_\_\_\_  
(Name of Parish or Catholic School)

\_\_\_\_\_  
(Address)

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#### **VOLUNTEERS NEEDED ...**

Please check if you are able to volunteer in any of the following areas:

\_\_\_\_\_ CATECHIST (Teacher)

Grade \_\_\_\_\_

Day/Time \_\_\_\_\_

\_\_\_\_\_ CATECHIST AIDE (Adult)

Grade \_\_\_\_\_

Day/Time \_\_\_\_\_

**OTHER:**

\_\_\_\_\_ Prayer Helper

\_\_\_\_\_ Substitute Catechist

\_\_\_\_\_ Office Aide

\_\_\_\_\_ Hall Monitor

\_\_\_\_\_ Catechist Aide (Teen) (Subject to approval)

**THANK YOU!**