

ST. TERESA OF AVILA RELIGIOUS EDUCATION CENTER 2018 - 19 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 (After August 2nd add \$10.00 to fees listed below)

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 PreK-5: Tuesday Afternoon @ 5:00 to 6:15 PM - (*Please note that we are starting CGS Level I and that is for ages 3 to 6
1-5: Wednesday Afternoon @ 4:45 to 6:00 PM CGS is offered on Tuesdays and will begin later on October 30
Grades 6-8: Wednesday Evening @ 7:00 to 8:15 PM See CGS website for additional information: www.cgsusa.org)

Homeschool Program

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:** _____

1st 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)

2nd 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)

3RD 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)

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.

Parish of Previous Religious Instruction (if newly enrolled)

(Name of Parish or Catholic School)

(Address)

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!