

**St. Theresa Parish
Diocese of Peoria
Earlville, Illinois
Religious Education Registration Form
2015-2016**

Name of Child _____ Male Female Birth Date _____ Grade 2015-2016 _____

Name of Parents _____ E-Mail Address _____

Address/City/Zip _____

Home Phone _____ Father's Cell _____ Mother's Cell _____

Sacraments Received: Baptism First Penance First Communion Confirmation

Church of Baptism: _____ City: _____ Year: _____

Student Medical, Emergency and Insurance Information

Authorized Physician _____ Phone # _____

Authorized Hospital _____

KNOWN ALLERGIES & MEDICAL INFO WE NEED TO BE AWARE OF (including current medications) _____

Policy Holder (in the name of) _____

Insurance Company _____ Policy Number _____

Emergency Contact (other than parents)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Authorization for Emergency Medical Treatment

I grant permission for the administration of First Aid to my child, listed above, by the people in charge of Religious Education at St. Theresa of Avila Church, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child. This Authorization for Emergency Medical Treatment is valid for one year, from Aug. 1, 2015 through July 31, 2016.

Signature of Parent/Guardian _____

Date _____

OFFICE USE ONLY

Date Registered: ____ / ____ / 2015

Baptismal Certificate on File: YES NO

Initials: _____

Diocese of Peoria
LIABILITY WAIVER – CCD PARTICIPANTS

I request that my child, _____ be allowed to attend Religious Education located at St. Theresa of Avila Church for the duration of the 2015-2016 school year. I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this program.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Diocese of Peoria
PUBLICITY WAIVER – CCD PARTICIPANTS

2015 – 2016 Academic Year
St. Theresa Parish, Earlville, Illinois

Video, still photographs and audio recordings may be taken during Religious Education. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Name of Student

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Rev. 7/15

SAINT THERESA PARISH

Roman Catholic Congregation

Earlville, Illinois

Religious Education Programs

CCD, Confirmation, First Penance and First Holy Communion

Payment Form 2015-2016

(Please use one form per family)

Family Name: _____

Family Tuition Rates:

1 Child = \$50, 2 Children = \$85, Family of 3 or more = \$100

Please enter the *dollar amount* in each category below:

\$ _____ Tuition for _____ Students

\$ _____ Fee for Confirmation (\$15 – 8th grade)

\$ _____ First Penance / First Holy Communion (\$15 - 2nd grade)

\$ _____ High School Confirmation Class (\$15 fee)

\$ _____ **TOTAL** Please make checks payable to: *Saint Theresa Parish*

Tuition Assistance is available; to receive assistance the family *must* make an appointment with the Pastor.

Would your child be interested in becoming an Altar Server? Y _____

Would you be interested in helping in the CCD program? Y _____ N _____

If "Yes," I would be interested in helping as a Teacher: _____ Teacher's Assistance: _____

Sacraments: In order for any student to receive First Penance, First Holy Communion or Confirmation a Baptismal Certificate *must* be on file with the parish office; they must have attended a Catholic Religious Ed. program at least one year prior to the Sacraments class.

RCIA: (Rite of Christian Initiation of Adults) – Holy Cross Church in Mendota beginning Sunday, Sept. 20 – Anyone seeking the Sacraments of Initiation or membership in the Church.

OFFICE USE ONLY

Date Paid: _____ / _____ / 2015 Tuition Paid: \$ _____ Balance: \$ _____ Initials _____