

# Saint Theresa Parish 2017-2018 Family Faith Formation Registration Form

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

Address: P.O. Box 421 Rye Beach NH 03871  
 Saint Theresa Parish Website: [www.sainttheresachurch.com](http://www.sainttheresachurch.com)

**Home Address Mom:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**Home Address Dad:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**Cell Phone Mom:** \_\_\_\_\_ **Cell Phone Dad:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Text Number:** \_\_\_\_\_

**Preference for communication:** E-Mail: \_\_\_\_\_ Text: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**Parent Help:** Teacher: \_\_\_\_\_ Sub Teacher: \_\_\_\_\_ Helper: \_\_\_\_\_

**Are you registered at Saint Theresa Parish?** Yes \_\_\_\_\_ No \_\_\_\_\_

**My Children were Baptized at Saint Theresa:** \_\_\_\_\_ **Other Parish:** \_\_\_\_\_

*2nd & 3rd graders if you were not Baptized at Saint Theresa please provide a Baptizmal Certificate*

**Program Fees: 100.00 per student      Maximum per Family 200.00**

Father's Name	Date of Birth	Baptised	Confirmation	Communion	Reconciliation	Marriage
Mother's Name	Date of Birth	Baptised	Confirmation	Communion	Reconciliation	Marriage
Mother's Maiden Name _____						
Children	Date of Birth	Baptised	Confirmation	Communion	Reconciliation	Grade Sept 2017
1						
					School: _____	
2						
					School: _____	
3						
					School: _____	
4						
					School: _____	
5						
					School: _____	

**Faith Form Sessions:** Grades 1-5 \_\_\_\_\_ Sunday 9AM-9:50AM    Grades 6-7-8 \_\_\_\_\_ Monday 5:30 - 7:00PM

### Confirmation Preparation

*Choose either Year-Roun "Be Sealed and Be Sent" or Summer Session "Rock on X" for immediate preparation*

Year Round 5:30 -7 Monday \_\_\_\_\_ Summer Session July 30th -August 3, 2018 \_\_\_\_\_

**Both Programs require year round family participation in service opportunities and weekly Mass**

The Program fee is \$100.00 per student, maximum per family is \$200.00. (Teacher fee is waived) If this presents a financial hardship, please contact Msgr Moe, Anne, or Gary at 964-9878

Is there anything we need to know about your child? Medical etc. As always this information will be kept confidential: \_\_\_\_\_