

**NEW STUDENT REGISTRATION**

**BLESSED MOTHER TERESA PARISH**

**LIFELONG FAITH FORMATION**

**September 2016 – May 2017**

**STUDENT INFORMATION**

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle (Full): \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade (Sept) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth ((Town&State) \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Religious Ed. Grade in September \_\_\_\_\_

**ALLERGIES (circle one):** Yes No Type of Allergy: \_\_\_\_\_

**LEARNING DISABILITIES (i.e. ADHD, hearing, sight, etc)** \_\_\_\_\_

**MEDICAL CONDITIONS (Diabetic, etc.)** \_\_\_\_\_

**REGISTRATION FEE: (Cash or checks accepted. Please make checks payable to: LIFELONG FAITH FORMATION)**

<b>1 CHILD</b>	<b>\$25.00</b>	<b>KINDERGARTEN</b>	<b>NO FEE</b>
<b>2 OR MORE CHILDREN</b>	<b>\$50.00</b>		

Has your child previously attended a Religious Education Program? (circle one) YES NO

If yes, where: \_\_\_\_\_ Grade Level Attended: \_\_\_\_\_

**SACRAMENTAL INFORMATION**

Baptism: Date: \_\_\_\_\_ Church: \_\_\_\_\_ Town: \_\_\_\_\_

**\*\*\*PLEASE INCLUDE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE\*\*\***

1<sup>st</sup> Reconciliation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ Town: \_\_\_\_\_

1<sup>st</sup> Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ Town: \_\_\_\_\_

**(PLEASE FILL OUT OTHER SIDE)**

**PARISH INFORMATION**

Are you registered parishioners of Blessed Mother Teresa Parish?      YES    or    NO

If "NO", please give Name & Address of Parish \_\_\_\_\_

Last Name of Family Registered at Parish \_\_\_\_\_

**PARENT INFORMATION**

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address if different: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ First: \_\_\_\_\_ Religion: \_\_\_\_\_

Address if different: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Marital Status (circle one)      Married / Single / Separated / Divorced / Widowed

Legal Guardian if applicable: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name of Friend or Relative: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate: \_\_\_\_\_

***Because of the short duration of classes, we are restricted from dispensing any medications during class times per the Diocese of Buffalo Directives & Guidelines.***

Please consider offering your time and talents to our Parish Faith Formation Program. Please check any of the following you would like to help with.

Teacher: Grades 1-6 \_\_\_\_\_      Substitute Teacher: Grades 1-6 \_\_\_\_\_

Teacher: Grades 7-11 \_\_\_\_\_      Substitute Teacher: Grades 7-11 \_\_\_\_\_

**\*\*\*ALL INFORMATION ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL\*\*\***