

**St.Thecla Religious Education Registration Form
2011-2012 School Year
6725 W. Devon Avenue, Chicago, Illinois 60631
(773) 792-3077 ext. 211
email: ccd@saintthecla.org**

For Office Use Only
Paid: \$ _____
Cash/Check # _____
Paid in full \$ _____
/Balance: \$ _____
Date: _____
Initials: _____

DATE: _____ / _____ / _____
Month Day Year

STUDENT NAME: _____
(Please Print) Family Name First Name Middle Name

ADDRESS: _____ / _____ / _____

HOME PHONE #: _____ CELLPHONE#: _____

DATE OF BIRTH: _____ / _____ / _____ PLACE OF BIRTH: _____
Month Day Year City and State

SCHOOL: _____ GRADE LEVEL: _____ RE. ED. LEVEL: _____

SACRAMENT INFORMATION COPY OF Baptismal Certificate Is Required

BAPTISM: _____ / _____ / _____ Church Address City and State
Month Day Year

RECONCILIATION: _____ / _____ / _____ Church Address City and State
Month Day Year

COMMUNION: _____ / _____ / _____ Church Address City and State
Month Day Year

CONFIRMATION: _____ / _____ / _____ Church Address City and State
Month Day Year

PREVIOUS RELIGIOUS INSTRUCTION: _____ NO _____ YES: Yrs. In attendance, FROM: _____ / _____ TO: _____ / _____
Month Year Month Year

Parish: _____ Address: _____ Parochial _____ School of Rel Ed. _____

PARENT INFORMATION:

FATHER _____ / _____ / _____ / _____
First Name Last Name Date of Birth Place of Birth (City & Country)

_____ / _____ / _____
Religion Occupation Business Phone #

MOTHER: _____ / _____ / _____ / _____
First Name Maiden Name Date of Birth Place of Birth (City & Country)

_____ / _____ / _____
Religion Occupation Business Phone #

PARENTAL STATUS: Married: _____ Deceased: _____ Separated: _____, Divorced: _____, Remarried: _____

WHOM DOES THE CHILD LIVE WITH? FAMILY: Mother _____, Father _____, Guardian _____, Other _____

PARENT / GUARDIAN FAMILY NAME: _____

EMERGENCY INFORMATION, DOCTOR: _____ / _____
NAME Telephone No.:

WHO CAN BE REACHED IN THE EVENT OF AN EMERGENCY FROM 9:15 TO 11:15 AM, SUNDAY MORNING? List someone other than yourself.

Name Address Phone # Relationship

Name Address Phone # Relationship

Does your child have any health problems we should be aware of? Please explain.

(Example: asthma, food allergies, other)

If your child does not live at home on the weekends and/or is dropped-off and/or picked up by someone else other than yourself/ please explain the situation and provide the information below.

For example: (a) We are employed on the week-ends. _____

(b) The child/children stay with their grandparent on the weekends. _____

This question is asked for the protection of your child.

Registered Parishioners: YES _____, NO _____, NAME OF YOUR PARISH: _____

Would you be interested in applying to be a catechist, a catechist helper, or to assist with special projects?

Catechist: Yes _____ No _____, Catechist Aide: Yes _____ No _____ Other: Yes _____ No _____

We are glad to have you as part of our St. Thecla Parish Family!! ☺