



St. Teresa of Avila Parish

11600 Atwood Road * Auburn * California * 95603
 (530) 889-2254 * Fax (530) 889-2643

REGISTRATION FORM

(PLEASE PRINT CLEARLY)

Fathers' first and last name: _____

Mother's first and last name: _____

Mother's maiden name: _____

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____ - _____ Email address: _____

Child: _____ Grade in September 2016: _____

Date of Baptism: _____ Date of First Holy Communion: _____ Date of Confirmation: _____

Child: _____ Grade in September 2016: _____

Date of Baptism: _____ Date of First Holy Communion: _____ Date of Confirmation: _____

Child: _____ Grade in September 2016: _____

Date of Baptism: _____ Date of First Holy Communion: _____ Date of Confirmation: _____]

Child: _____ Grade in September 2016: _____

Date of Baptism: _____ Date of First Holy Communion: _____ Date of Confirmation: _____

Are you registered with St. Teresa of Avila Parish Y / N Envelope number: _____

IF YOUR CHILD WILL BE MAKING A SACRAMENT YOU WILL NEED TO FILL OUT AN ADDITIONAL FORM AND ATTACH A COPY OF THEIR BAPTISMAL CERTIFICATE TO THIS FORM.

Lead catechists who make a weekly commitment to our program are exempt from paying fees and weekly aides will receive a 50% fee waiver.

I have enclosed an additional \$ _____ as a donation to the Religious Education Program.

Thank you for your generosity! Without the wealth of time, treasure and talent that is given by so many, a successful Religious Education Program would not be possible.

First Child \$100.00 _____	Second Child \$50.00 _____	Third Child \$25.00 _____
Add \$15.00 each child after the 3 rd _____	Non Parishioner Fee \$100.00 per child _____	
First Holy Communion Fee \$40.00 _____	Confirmation Fee \$125.00 _____	

Religious Education (530) 823-7122
 Email: judy_jones@stteresaauburn.com



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I understand that it is my responsibility to let the Religious Education Program know of any changes in my information.

PHOTO RELEASE FORM

Throughout the year, St Teresa of Avila's Religious Education Program participates in activities, events, or projects in which students may be photographed or videotaped. This includes but is not limited to:

- Portraits-including First Communion and Confirmation
- Parish Web Site-including but not limited to main pages, RE pages, special event pages
- Church & School Displays- including but not limited to bulletin boards at RE and in the church, church flyers
- Outside Publications- including but not limited to Auburn Journal, Sacramento Bee, Catholic Herald, RE Newsletter

Yes, we give our permission for our children to be photographed

No, we do not give our permission for our children to be photographed

Child's name: _____ Grade: _____ Child's name: _____ Grade: _____

Child's name: _____ Grade: _____ Child's name: _____ Grade: _____

Parent Signature

Date

CORRESPONDENCE AGREEMENT FORM

In an effort to lower cost and avoid waste, the Religious Education Office will send the majority of our correspondence via Email. Mail will be used only upon request:

I request paper mail instead of Email. (Please be sure your address is correct and neatly printed on the registration form.)

I agree to have all correspondence sent via Email.

Email Address (Please print) _____

OPT OUT FORM

for

"CIRCLE OF GRACE"

St. Teresa of Avila Parish **DOES NOT** have my permission to present the *Circle of Grace Program* to my child/children on Sunday October 16, 2016 or Thursday October 20, 2016:

Child's name: _____ Grade: _____ Child's name: _____ Grade: _____

Child's name: _____ Grade: _____ Child's name: _____ Grade: _____

Print Parent Name: _____

Signature of Parent: _____

Date: _____



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EMERGENCY FORM

PLEASE PRINT

Family Name: _____ Daytime Phone: _____ Cell: _____

Name of Student: _____ Birth date: _____

Allergies: _____ Any special needs: _____

Name of Student: _____ Birth date: _____

Allergies: _____ Any special needs: _____

Name of Student: _____ Birth date: _____

Allergies: _____ Any special needs: _____

Name of Student: _____ Birth date: _____

Allergies: _____ Any special needs: _____

If I cannot be reached at the above address, you have my permission to contact either of the following persons:

Name: _____ Daytime Phone: _____ Cell: _____ Relationship: _____

Name: _____ Daytime Phone: _____ Cell: _____ Relationship: _____

Name of Family Physician: _____ Phone: _____

Insurance/Health Plan Carrier: _____ Policy: _____

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

In the event of serious emergency, and none of the persons listed on this form can be contacted, I authorize RE (Parish School of Religion) officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment which is deemed advisable by, and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital.

I hereby agree to bear all cost incurred as a result of the foregoing:

Signature of parent or guardian:

_____ Date: _____



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Family Volunteer Form

To help our program run efficiently, this year we are asking all families to donate at least 10 hours. Sharing your talent and time is important to our program, which is staffed by volunteers. Every family is asked to choose some way to contribute. The list below identifies a few of the areas of need.

Last Name: _____ First Name: _____

Phone Number: _____

In which of the following areas would you like to help? Place a ✓ next to any areas of interest and complete the required information.

___ **Catechist:** Plan and presents lessons, following an approved curriculum, for weekly class.

___ **Weekly Assistant:** The diocese has mandated that each classroom have 2 adults present at all times. Under teacher's guidance, assists with classroom tasks: e.g. taking roll, prepping projects and lessons, etc.

___ **Substitute Catechist:** Teaches class when absent

___ **Room Parent:** Help with child's catechist (plan special events or celebrations)

___ **Coffee Shop:** In the Beatitude's Room 10 minutes before classes begin. Would involve making coffee and setting up table and chairs, for parents to gather while their children are in class.

___ Hospitality

___ Purchase supplies when needed

___ Purchase copy paper

___ Service Projects

___ Help with set up/take down for special events

Confirmed Youth of our parish are always invited to volunteer at Religious Education. All help is greatly appreciated and needed. Plus when they volunteer it counts towards your family service hours.

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