

REGISTRATION FORM

The Edge
Catholic Middle School Ministry
St. Theresa Parish
2009-2010

Please complete one form per child.

(Please print or type)

Family Name _____

Name of Child _____ (First/Middle/Last) Gender _____

Address _____

City _____ Zip _____ Telephone (_____) _____

School _____ Grade for 2009-2010 _____ Date of Birth _____

Email: _____

Father's Name _____ (First/Middle/Last)

Mother's Name _____ (First/Middle/Last)

Parents Cell Phone: (_____) _____

Would you like to receive information about the Edge program via email? Yes _____ No _____

Email: _____

Church/City/State of Child's Baptism _____ Date of Baptism ___/___/___

Religious Education Fees

Total number of Children in St. Theresa Parish Edge Program (6th, 7th and 8th grade): ____

The fees for next year will be: \$95.00-for Junior High **Alive** (per child) open to any 7th or 8th grader

Do you attend Mass weekly? _____ Which Mass do you generally attend? Day: _____ Time: _____

****Scholarship money is available for families who need Financial Assistance.**

(over)

Emergency Contacts

Name of Child _____ (First / Middle / Last)

Please list two emergency contacts:

Contact #1 _____ (First/Middle/Last)

Phone: _____

Contact #2 _____ (First/Middle/Last)

Phone: _____

Signature

Parent's/Guardian's Signature _____ Date ____/____/____

FOR OFFICE USE ONLY Today's Date: ____/____/____ Initials: ____ Fee Paid: _____

Method: ____ Ck# _____ Baptismal Certificate _____