

**St Teresa Catholic Church  
Registration / Medical Emergency Forms  
Religious Ed Classes 2018/2019**

Registration fee per student: \$30.00 (If the parent teaches the fee is \$15.00 per student)  
\$100 maximum per family

Parent/Guardians name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Cell His: \_\_\_\_\_

Cell Hers: \_\_\_\_\_

Child(ren) Full Name	Date of Birth	Place of Baptism	Grade	Student Cell # (HS students only)

**Medical Conditions - If applicable**


(If additional space is needed, please attach separate sheet of paper.)

**This form (2 sides) along with payment needs returned by Sept 2<sup>nd</sup>, 2018.**  
(Return in collection basket or to Parish Office).

If you need financial assistance with payment or need to make payments, please contact Cheryl Nichols, CRE, ([crestteresa@bright.net](mailto:crestteresa@bright.net), 419-363-2633)

We will not turn anyone away due to lack of ability to pay.

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