

ST. THERESE RELIGIOUS EDUCATION OFFICE

151 Main Street, Succasunna, NJ 07876

Ph: 973-584-9444 Fax: 973-584-9492

Email: RelEdOffice@verizon.net

NEW STUDENT REGISTRATION

Please fill out this form only the first year registering your child with us for religious education. If your child was not baptized at this parish, please include a copy of your child's baptismal certificate when submitting this form. All families enrolled in the religious education program must be registered members of our parish.

Please print all information. Accuracy is imperative as this information becomes a part of your child's permanent sacrament history in the church.

Student's Legal Name: _____
(First) (Middle) (Last)

Date of Birth: _____ City/Town and State of Birth: _____

Gender: _____ Public school grade in September: _____ School Name & Town: _____

SACRAMENT HISTORY

Baptism: _____
(date) (church name) (city/state)

Reconciliation: _____
(date) (church name) (city/state)

Eucharist: _____
(date) (church name) (city/state)

PREVIOUS RELIGIOUS EDUCATION

Parish or School Name: _____

Years Attended: _____ to _____ Last Grade Completed: _____

PARENT INFORMATION

Birth Father's Name: _____ Religion: _____

Birth Mother's Name: _____ Religion: _____
(First, middle, maiden, and current last name)

Child resides with: _____
(name/s) (relationship)

Number of siblings presently in program, if applicable: _____

Registered in Parish Yes No

Copy of baptismal record attached Yes No *(not required if child was baptized at this parish)*

Signature of parent/guardian: _____ Date: _____