ST TERESA OF CALCUTTA FAITH FORMATION

Re-Registration 2025-26 (fill out front & back)

The following child/children will return to Faith Formation classes.

1. FULL NAME_____ **ENTERING GRADE**_____

DOB_____

SCHOOL_____ **List/update any Medical or Learning Considerations**_____

Please provide or update IEP if your child has one

CHECK PREFERRED CLASS TIME:

____ WEEKLY SUNDAY 9:20-10:35 AM FOR GRADES K THROUGH 12
____ WEEKLY TUESDAY 3:45 -5:00 PM FOR GRADES 1 THROUGH 8
____ HOME SCHOOL FOR GRADES 1 THROUGH 8

2. FULL NAME_____ **ENTERING GRADE: _____ DOB**_____

SCHOOL_____ **List/update any Medical or Learning Considerations**_____

CHECK PREFERRED CLASS TIME:

____ WEEKLY SUNDAY 9:20-10:35 AM FOR GRADES K THROUGH 12
____ WEEKLY TUESDAY 3:45 -5:00 PM FOR GRADES 1 THROUGH 8
____ HOME SCHOOL FOR GRADES 1 THROUGH 8

3. FULL NAME_____ **ENTERING GRADE: _____ DOB**_____

SCHOOL_____ **List/update any Medical or Learning Considerations**_____

CHECK PREFERRED CLASS TIME:

____ WEEKLY SUNDAY 9:20-10:35 AM FOR GRADES K THROUGH 12
____ WEEKLY TUESDAY 3:45 -5:00 PM FOR GRADES 1 THROUGH 8
____ HOME SCHOOL FOR GRADES 1 THROUGH 8

4. FULL NAME_____ **ENTERING GRADE: _____ DOB**_____

SCHOOL_____ **List/update any Medical or Learning Considerations**_____

CHECK PREFERRED CLASS TIME:

____ WEEKLY SUNDAY 9:20-10:35 AM FOR GRADES K THROUGH 12
____ WEEKLY TUESDAY 3:45-5:00 PM FOR GRADES 1 THROUGH 8
____ HOME SCHOOL FOR GRADES 1 THROUGH 8

Father's Full Name_____

Mother's Full Name _____

Phone_____**Alternate**_____

Family Address:

_____**City**_____**Zip**_____

Please fill out the information on the next page.

CHECK CHILD RESIDENCY (BOTHPARENTS)_____ FATHER_____ MOTHER_____

OTHER_____

E-Mail (required)_____

Emergency Contact_____ Phone _____

Person/s Responsible for Pickup_____

Photography Consent: We occasionally capture images of children participating in our Faith Formation Program for use on our parish's social media accounts and bulletin. Please indicate your consent or denial for your child's photograph to be taken for these purposes.

[ ] I give consent for my child's photograph to be taken for use on social media and bulletin.
[ ] I do not give consent for my child's photograph to be taken for use on social media and bulletin.

Tuition

Pay Now: One Child $130 Two Children $195 Three + Children $255
Pay After August 1, 2025: One Child $180 Two Children: $245 Three + Children: $305

- Parents who volunteer as catechists or aides will have their registration fee waived.
  - Yes, I would like to serve as a CATECHIST_____
  - Yes, I would like to serve as an AIDE_____

MAKE CHECKS PAYABLE TO ST. TERESA OF CALCUTTA
MAIL OR DROP OFF TO 809 PARK AVE, COLLINGSWOOD, NJ 08108

Completed Registration includes Fee Enclosed: _____ CK #_____

No child will be denied the program due to financial hardship. Arrangements will be made to such cases. All arrangements are confidential.