

Saint Theresa of the Child Jesus Church
Office of Religious Education
18 Baltic Street
Attleboro, MA 02703

Wendy J. Smith
Director of Religious Education

Please FILL out this form when REGISTERING whether you are new or returning student for 2018-2019. Thank you!

Family Name: _____ Circle session choice

Child: _____ Grade: _____ Sundays *July 16-20 *Aug.13-Aug.17
Grades 1-9 Grades 1-6 Grades 1-6
**Summer 2nd Graders return once a month until May*

Child: _____ Grade: _____ Sundays *July 16-20 *Aug.13-Aug.17
Grades 1-9 Grades 1-6 Grades 1-6
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Grades 1-9 Grades 1-6 Grades 1-6
**Summer 2nd Graders return once a month until May*

Mailing Address: _____

Parent/Guardians: _____

Phone numbers: _____

Email: _____

Adults designated to pick up child(ren) besides parents:

Name: _____ Name: _____

Please note any allergies, especially to food, that your child has that we should be aware of:

Child: _____ Allergy: _____

FOOD POLICY: Due to an allergy, NO GUM is allowed in the building during any session. In summer sessions, there is a daily break time; children will be allowed to have a peanut/nut free snack that they have brought from home if one is sent in. No snacks will be available for the children. During the summer sessions, please be sure to send in water with your child due to the heat in the summer.

I have read the food policy stated above and give my permission for the persons listed above to pick up my children from St. Theresa of the Child Jesus.

Parent/Guardian signature: _____ Date: _____