

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

Wendy J. Smith  
Director of Religious Education

**2019-2020 REGISTRATION FORM for new AND returning students.**

Family Last Name: \_\_\_\_\_ Check session choice

\_\_\_\_\_ Child \_\_\_\_\_ September Grade  Sundays Grades 1-9  \*July 15-19 Grades 1-6  
*\*Summer 2<sup>nd</sup> Graders return once a month until May*

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

City, State, and Zip Code: \_\_\_\_\_

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 session, 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 session, 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: \_\_\_\_\_