Family Last Name: _____

St Thecla Religious Education Registration

Address: _____ City: _____ Zip Code: _____

Email: _____ Registered parishioner at St Thecla: Yes No

If no, which parish: _____

Parent/Guardian Information

Father: _____ Religion: _____ Cell Number: _____

Mother: _____ Religion: _____ Cell Number: _____

Marital Status: Married Single Divorced Seperated Widow

Circle one

In the Catholic Church: Yes or No

Child's Name	Date of Birth	Grade in Fall	Most recent Sacrament received	Health Concerns or Information we should know

In consideration of St. Thecla Catholic Church accepting my child's registration in the Religious Education Program, I/we release, hold harmless and discharge St. Thecla Catholic Church and the Archdiocese of Detroit, their officers, trustees, employees, agents, and catechists of and from any and all liability, claim, damage, cost or expense, except in the case of willful/intentional harm or gross negligence and waive any such claims against any such person or organization in connection with the Church of the Archdiocese of Detroit.

I give permission for my child/children to be photographed for project purposes, bulletin articles, bulletin board displays, parish website, and electronic display board. Effective measures will be taken to safeguard the individual's identity (i.e. name or any identifying information will not be posted with the photo).

Parent/Guardian Signature: _____ Date: _____

Updated - June 2025