

St. Theresa Church of the Child Jesus



Member Registration Form 😻 Mail in, drop off at office or put in Sunday Collection 😻 1230 Merle Hay Rd., Des Moines, IA 50311

Family Last Name:				Family Email A	.ddress:*					Office Us	se:
Address: *			Zi	p:	Home Phone	: *			Env ID:		
City:			•		Emergency	Contact (Not living with yo	1):		Date:		
Snowbird Address:					Emergency	Contact Phone:			Map Code	::	
		arriage 🗖 Other Marriage			Contact's Relation	ship/Description:					
☐ Single	□ Divorced	☐ Separated ☐ Widowed			Tithing: Us	e Envelopes Use A	ıtomatic Withdrawal (Must	complete form on	Back)	Use Or	n-Line Giving
Previous Parish (name, city, s	tate):										
*May we publish o	r share v	with parish groups y	our: Addres/	sYe	sNo,]	Phone Numbe	erYesN	lo, Email	lY	es _	_No
						1	information for children l	iving at home)			
		Responsible Party	Spouse		Child	Child	Child	Child		<u> </u>	Child
	First Name									<u> </u>	
	Last Name										
	Gender										
	Birth Date										
Еп	iail address										
	Cell phone										
,	Work phone										
	Occupation										
	Employer										
Baptism: Parish, City, State Faith (Religion) :	Date Place										
1st Communion : Parish, City, State	Date Place										
Confirmation: Parish, City, State	Date Place										
Marriage: Parish, City, State	Date Place										
Ma	aiden Name:										

Auto-Pay Authorization Agreement

We would like to start automatic bank
withdrawal—our information is filled in below.
(Please attach a voided, blank check before
returning this form to the office)

I (we) hereby authorize St. Theresa Church of the Child Jesus, hereinafter called "Organization", to initiate debit entries to my (our) Checking Account indicated below and the depository financial institution named below, hereinafter called "Bank."

_			_	
$(\cap n)$	tribi	ITON	(A	lection
	1 1 11 11		71	

We would like to begin automatic bank withdrawals for our tithing contribution. Please deduct from our account as follows:

CHECK ONE:

	Monthly	1st or	Middle	of	Month
	(circle o	ne)			
Мпг	nthly ∆mni	ınt			

	, <u></u>		
П	Semi-Monthly	(1st & Middle of Month)

Semi-Monthly Amount	
---------------------	--

Weekly	(Friday)

	Uther Specific Date	
L	-	
Rank		

Dulik		
D ₁	0	7.
Lity	7tate	LIP

This authority is to remain in full force and effect until Organization and Bank have received written notification from either party terminating in such time and in such manner as to afford Organization and Bank a reasonable opportunity to act upon.

Name(s) on Account Date	ирин.	
	Name(s) on Account	Date

oidiiarni.6	UII ACCUUIIL	

Signature on Account

Stewardship of Time & Talent check areas of Interest

Name:	Еп	nail :	Pł	hone:
Mass Preference for Liturgical Ministries: Saturo	day at 4:30pm	Sunday at 8:30am	or 10:30am	or 4:30pm
		dicate which member will be in		
Liturgical Worship Liturgy Committee Lector Eucharistic Minister Usher Greeter Server (4th grade & Up Sacristan Adult Choir Member Teen Choir Member Folk Choir Member Cantor/Song Leader Funeral Choir Organist Pianist Guitarist Other Instrument (Specify) RCIA Sponsor Prayer Partner Host Share my faith story to inquirers Inquiry to become Catholic Pastoral Care Companion Minister Eucharist to Homebound Prayer Chain Participant Prayer Warrior	Children's L 10:30 Mass Teachers—F Youth Group Chaperone Office Volun Vacation Bib Adult Faith F Scripture stu Faith-Sharin Faith Forma Parish Life Parish Office Provide child St. Vincent of Knights of Co The Start Com STARS (St. Ti Welcome Co Coffee & Do Funeral Lund Sell SCRIP af	ool 8:30 am Mass iturgy of the Word Pre-K - 12 o (6-12) Iteers ole School Formation udy/prayer g Group tion Council E Volunteers dcare at parish events de Paul olumbus nmittee heresa Altar & Rosary) ommittee nuts cheons	General Main Assist with sn Groundskeep Roofing Plumbing Metal Work/ Paving/Ceme Social Concern Homeless Me DMARC 3rd S 5th Sunday Po Global Coffee First Fruits AMOS St. Theresa Fo	welding nt ns eals for CISS un. Food Pantry ersonal Pantry er Project
☐ Drivers				Updated 9/2020