

Individual Membership Information

Adult 1:

Name: _____
First Name Nickname Last Name Maiden Name

Religion/Denomination _____ Race/Ethnicity _____

Date of Birth (mo/day/yr) _____ Language(s) Spoken _____

Gender _____ E-mail Address _____

Do you have any disabilities (e.g., vision or hearing impaired, inhibited mobility)? Yes No

Please describe _____

Employment Information:

Occupation: _____ Name of business or workplace _____

City _____ Work Phone # _____
Area Code

What is your highest grade/degree? _____ List college(s) attended/attending _____

Sacramental Information:

| | <u>Yes</u> | <u>No</u> | <u>Date</u> | <u>Church Name</u> | <u>City, State</u> |
|----------|--------------------------|--------------------------|-------------|--------------------|--------------------|
| Baptized | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

Adult 2: -----

Name: _____
First Name Nickname Last Name Maiden Name

Religion/Denomination _____ Race/Ethnicity _____

Date of Birth (mo/day/yr) _____ Language(s) Spoken _____

Gender _____ E-mail Address _____

Do you have any disabilities (e.g., vision or hearing impaired, inhibited mobility)? Yes No

Please describe _____

Employment Information:

Occupation: _____ Name of business or workplace _____

City _____ Work Phone # _____
Area Code

What is your highest grade/degree? _____ List college(s) attended/attending _____

Sacramental Information:

| | <u>Yes</u> | <u>No</u> | <u>Date</u> | <u>Church Name</u> | <u>City, State</u> |
|----------|--------------------------|--------------------------|-------------|--------------------|--------------------|
| Baptized | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

Individual Membership Information

Child/Other:

Name: _____
First Name Nickname Last Name Maiden Name

Religion/Denomination _____ Race/Ethnicity _____

Date of Birth (mo/day/yr) _____ Language(s) Spoken _____

Gender _____ E-mail Address _____

Does he/she have any disabilities (e.g., vision or hearing impaired, inhibited mobility)? Yes No

Please describe _____

What is his/her current/highest grade? _____ School or college(s) attended/attending _____

Sacramental Information:

| | <u>Yes</u> | <u>No</u> | <u>Date</u> | <u>Church Name</u> | <u>City, State</u> |
|----------------------|--------------------------|--------------------------|-------------|--------------------|--------------------|
| Baptized | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| First Communion | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| First Reconciliation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

Child/Other: -----

Name: _____
First Name Nickname Last Name Maiden Name

Religion/Denomination _____ Race/Ethnicity _____

Date of Birth (mo/day/yr) _____ Language(s) Spoken _____

Gender _____ E-mail Address _____

Does he/she have any disabilities (e.g., vision or hearing impaired, inhibited mobility)? Yes No

Please describe _____

What is his/her current/highest grade? _____ School or college(s) attended/attending _____

Sacramental Information:

| | <u>Yes</u> | <u>No</u> | <u>Date</u> | <u>Church Name</u> | <u>City, State</u> |
|----------------------|--------------------------|--------------------------|-------------|--------------------|--------------------|
| Baptized | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| First Communion | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| First Reconciliation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

Child/Other: -----

Name: _____
First Name Nickname Last Name Maiden Name

Religion/Denomination _____ Race/Ethnicity _____

Date of Birth (mo/day/yr) _____ Language(s) Spoken _____

Gender _____ E-mail Address _____

Does he/she have any disabilities (e.g., vision or hearing impaired, inhibited mobility)? Yes No

Please describe _____

What is his/her current/highest grade? _____ School or college(s) attended/attending _____

Sacramental Information:

| | <u>Yes</u> | <u>No</u> | <u>Date</u> | <u>Church Name</u> | <u>City, State</u> |
|----------------------|--------------------------|--------------------------|-------------|--------------------|--------------------|
| Baptized | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| First Communion | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| First Reconciliation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

How did you hear about St. Therese and how long have you been attending St. Therese? _____

Do you have any questions/concerns about St. Therese or the Catholic Church that you would like to discuss with a member of the pastoral team (sacraments, initiation, etc.)? _____

How do you see yourself involved in St. Therese Parish? _____

Please drop this completed form in the offering basket at Mass, bring to the Parish Center (located across the street from the church), or mail to the parish office:

St. Therese Parish
3416 East Marion Street
Seattle, WA 98122-5151

Mass Schedule

| | | |
|-----------------|------------|--|
| Saturday Vigil: | 5:00 p.m. | Cantor and pianist |
| Sunday | 9:00 a.m. | St. Therese Choir |
| | 11:00 a.m. | Shades of Praise Gospel Choir |
| | 5:00 p.m. | Jubilation Gospel Choir |
| Tuesday | 5:30 p.m. | Weekday Mass |
| Wednesday | 9:00 a.m. | Communion Service (in the Parish Center) |

Parish and School Staff

Priest Administrator

Father Stephen Okumu
(206) 720-7275

School Principal

Eileen Gray
(206) 324-0460 ext. 100

Business Manager

Glen Cunningham
(206) 720-7270

Pastoral Associate Liturgy & Initiation

Mary Lou Colasurdo
(206) 720-7279

School Secretary

Louise LaDay
(206) 324-0460 ext. 102

Bookkeeper

Irene Mullen
(206) 720-7272

Catechesis of the Good Shepherd Director

Carla Orlando
(206) 325-2711 ext. 21

Parish Office

Volunteers
(206) 325-2711 ext. 10