

ST. THOMAS AQUINAS RELIGIOUS EDUCATION * FAMILY REGISTRATION FORM * 2017-18

Family/Last Name _____ Phone _____

Address _____ City _____ Zip Code _____

Does your family have internet access? _____ E-Mail address _____

We are now able to send text messages concerning special activities or class cancellations. If you would like to receive these messages please fill in the cell phone # we should send them to: _____

Are there any **special circumstances** such as children living with grandparents, single parent household, custody issues, recent family tragedy, etc. that we should be aware of? _____

Parents or Guardians

Name(s) _____

Relationship to child(ren) _____ Do you speak English? _____

Registration fees are \$30. for 1 child, \$55. for 2 children, or \$80. for 3 or more children in the same family per year. Fees can be paid at the time of registration, on the first day of class, or a payment program can be worked out with the RE office. **All children who wish to attend class will be accepted regardless of a family's ability to pay the fees.**

Preparation for the Sacraments of 1st Reconciliation, 1st Communion and Confirmation is a 2 year process and is part of our Parish Religious Education Program. Students must be registered and participating in our classes in order to receive these sacraments.

STUDENT INFORMATION: Preschool (age 4) - 12th Grade & Sacramental Preparation

Name _____ Birthdate _____ Gender: boy or girl

Grade _____ School _____ Please list & explain any medical or learning problems: _____

Circle the sacraments this child HAS RECEIVED: Baptism Reconciliation Communion Confirmation

Name _____ Birthdate _____ Gender: boy or girl

Grade _____ School _____ Please list & explain any medical or learning problems: _____

Circle the sacraments this child HAS RECEIVED: Baptism Reconciliation Communion Confirmation

Name _____ Birthdate _____ Gender: boy or girl

Grade _____ School _____ Please list & explain any medical or learning problems: _____

Circle the sacraments this child HAS RECEIVED: Baptism Reconciliation Communion Confirmation

Name _____ Birthdate _____ Gender: boy or girl

Grade _____ School _____ Please list & explain any medical or learning problems: _____

Circle the sacraments this child HAS RECEIVED: Baptism Reconciliation Communion Confirmation

* * * * *

For office use only

Cash ___ Ck. # _____ Amt. _____ Special _____ Initial _____ Date _____