



Faith Formation Registration 2026/2027

Family Information: _____

Are you a REGISTERED MEMBER @ STM? Y / N

Last Name of Head of Household : _____

Mailing Address: _____ City: _____ Zip: _____

Main CONTACT Phone Number: _____

Main Contact Email Address: _____

Student's Full Legal Name <small>List any food or other allergies, special needs, and/or medical history that staff should be aware of OR if child has IEP or 504, we will need a copy</small>	Sex M / F	TSHIRT SIZE	Grade in the Fall & Name of School	Sacraments Received		
				Baptism	First Communion	Confirmation
NAME - Date of Birth -				YES At STM ? NO	YES NO	YES NO
NAME - Date of Birth -				YES At STM ? NO	YES NO	YES NO
NAME - Date of Birth -				YES At STM ? NO	YES NO	YES NO
NAME - Date of Birth -				YES At STM ? NO	YES NO	YES NO

Mom or Legal Guardian (circle one)		Dad or Legal Guardian (circle one)		Step-Parent / Grandparent (circle one)	
Name		Name		Name	
Address (if different)		Address (if different)		Address	
City, State, Zip		City, State, Zip		City, State, Zip	
Cell Phone		Cell Phone		Cell Phone	
Work Phone		Work Phone		Work Phone	
Home phone		Home Phone		Home Phone	
Email		Email		Email	

Other persons who may pick up your child(ren) or who we should call in an emergency:

Name	Relation	Cell #	Work #	Home #
1.				
2.				

In order for your child(ren) to be part of STM Faith Formation programs, this form **must be signed by all parents/guardians** listed on the child's birth certificate or baptismal certificate and /or all persons who have legal custody of the child(ren) listed and registered on this form.

Parental/Guardian Consent and Family Agreement

We, the undersigned, give permission for our child(ren) listed on the reverse side of this form, to attend faith formation classes and related functions of St. Thomas More Catholic Community for 2026/2027 Faith Formation Year, and to receive sacraments (Baptism, Reconciliation, First Communion and Confirmation) at the appropriate ages.

We understand that we are the primary faith educators of our child(ren) and that STM Faith Formation Program is here to help. **We will bring our family to Masses and attend classes regularly. There is a 5-absence policy, especially in the sacrament preparation program.** Students **must** be respectful of other children, catechists, volunteers, and our facilities. If students cannot follow classroom rules, they will be asked to study at home.

PLEASE NOTE— IF BOOKS ARE LOST/STOLEN, WE WILL HAVE TO CHARGE THE PARENTS THE COST TO REPLACE **IF YOU DECIDE NOT TO ATTEND AFTER REGISTRATION Refunds will not be given as books and supplies have been purchased and can't be returned.** Thank you for your understanding.

 Mother/Guardian Signature Print Name Date

 Father/Guardian Signature Print Name Date

PHOTO RELEASE

I (we), _____, as the parent (s)/legal guardians of my (our) minor child(ren):

NAMES of (CHILD)REN: _____

Grant permission for the above-named child(ren)'s **photo(s)** to be published on the parish website, parish screens at Mass, parish Facebook pages and other parish sites without inspection, approval, nor compensation. In most cases, names will not be used.

 Signature of Parent and/or Guardian Date

OFFICE USE ONLY

Date: _____ Total Due: _____ Amount Paid: _____ Balance: _____ Received BY: _____

Check #: _____
 Cash: _____
 Debit/CC: _____