

ST. THOMAS MORE CATHOLIC CHURCH FAITH FORMATION REGISTRATION

2020/21

LAST NAME: _____

Family Last Name: _____

Address: _____

Father's Name: _____ Phone: _____

Address: (if different) _____ Religion: _____

Email Address: _____

Registered at St Thomas More? Yes No, if no, where? _____

Mother's Name: _____ Phone: _____

Address: (if different) _____ Religion: _____

Email Address: _____

Registered at St Thomas More? Yes No, if no, where? _____

Child(ren) Lives with: (Check One) Both Parents Father Mother
 Other (Name/Relationship) _____

Would you like to receive text notifications for schedule, events, etc.? Yes No

If yes, cell phone number: _____

Name <small>Please list ALL names you would like to register</small>	Date of Birth	Gender <small>M/F</small>	Which Sacraments already received? <small>A: Baptism B: 1st Communion C: Confirmation</small>	Child Grade <small>2020-2021</small>	School Currently Attending	Where did your child attend Faith Formation last year?
			A B C			
			A B C			
			A B C			
			A B C			
			A B C			

Are there any special needs/conditions that would help us in teaching your child(ren) (allergies, language, medical, family, school) Please specify which child(ren)? _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Alternate Contact: Name: _____ Relationship: _____ Phone: _____

REGISTRATION: \$80 for one child plus \$30 each additional child.

Please make checks payable to St. Thomas More Catholic Church.

We welcome all to participate in our parish Faith Formation Program.

Please contact the Parish Office if you are in need of financial assistance.

For Office Use Only:

Date Received: _____ Amount Received: _____ Cash/Ck#: _____ By: _____