

ST. THOMAS MORE CATHOLIC CHURCH FAITH FORMATION REGISTRATION

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>2018-2019</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: \$25 PER CHILD, \$50 PER FAMILY

Please make checks payable to St. Thomas More Catholic Church OR pay registration fee online at: <https://stthomasmoresrq.churchgiving.org/FaithFormation> (link also found on Parish Website)

We welcome all to participate in this year's Faith Formation Program; please contact Parish Office for financial assistance.

For Office Use Only:
 Date Received: _____ Amount Received: _____ Cash/Ck#: _____ By: _____