

Received by _____ Date of Enrollment _____/_____/_____

St. Thomas the Apostle Catholic Church
Confirmation / High School Faith Formation Registration
3774 Jackson St. Riverside, CA 92503 951.689.1131 ext. 240

PARENT INFORMATION

FATHER'S NAME: _____ Best Contact #: _____

Preferred Language: English Spanish

MOTHER'S NAME: _____ Best Contact #: _____

Preferred Language: English Spanish

MOTHER'S MAIDEN NAME: _____ Cell # for text alerts: _____

FAMILY EMAIL(s) _____

STREET #: _____ APT. # _____ CITY _____ ZIP CODE _____

Emergency Contact: name/relationship _____ phone # _____

May we publish photographs or video recordings of your children on our St. Thomas FB page or website? Yes No Please Initial Here: _____

Which way you attend Mass: ☐ In person ☐ Livestream

YOUTH #1 Grade Level (in the fall): _____

Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Baptism date: _____

Parish of Baptism: _____

Has this child received 1st Communion? Yes or No

School attending: _____

Special needs: _____

YOUTH #2 Grade Level (in the fall): _____

Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Baptism date: _____

Parish of Baptism: _____

Has this child received 1st Communion? Yes or No

School attending: _____

Special needs: _____

OFFICE USE ONLY _____

Returning Youth - Parent Initial #1 _____ #2 _____

Tuition TBA:

Paid in Full	Cash	Check #		
Payments	1)	2)	3)	4)

Confirmation Year:

Year 1: Decision Point Date completed: _____

Year 2: Have Faith Date completed: _____

Saint: _____ Sponsor: _____