

St. Thomas the Apostle Catholic Church
FAITH FORMATION REGISTRATION FORM 2018-2019
 3774 Jackson St. Riverside, CA 92503 951.689.113 ext. 240

Elementary K thru 6th	Middle School 7th thru 8th
____ Wed. 4:30-5:30 ____ Wed. 6:30-7:30 ____ Sun. 12:30- 1:30	____ Wed. 6:30-7:30 ____ Sun. 12:30-1:30

***First Communion preparation offered at all levels.**

PARENT INFORMATION

FATHER'S FULL NAME: _____ Best Contact #: _____
 Language: English Spanish Have you received all your sacraments? ____ Are you interested in adult Faith Formation? ____

MOTHER'S FULL NAME: _____ Best Contact #: _____
 Language: English Spanish Have you received all your sacraments? ____ Are you interested in adult Faith Formation? ____

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 and/or video recordings of your children participating in parish events on our St. Thomas FB page or website? Yes No Please Initial Here: _____

What Mass does your family regularly attend? Saturday: 5pm 6:30pm(Spanish) Sunday: 7am 9am 11am 5pm

Child #1 Grade (in the Fall): ____ Communion Level ____ FF ____

Name: _____
 Gender: ____ Age: ____ Date of Birth: _____
 Year of Baptism: _____
 Parish of Baptism: _____
 Has this child received 1st Communion? **Yes or No**
 School attending: _____
 Special needs: _____

Child #2 Grade (in the Fall): ____ Communion Level ____ FF ____

Name: _____
 Gender: ____ Age: ____ Date of Birth: _____
 Year of Baptism: _____
 Parish of Baptism: _____
 Has this child received 1st Communion? **Yes or No**
 School attending: _____
 Special needs: _____

Child #3 Grade (in the Fall): ____ Communion Level ____ FF ____

Name: _____
 Gender: ____ Age: ____ Date of Birth: _____
 Year of Baptism: _____
 Parish of Baptism: _____
 Has this child received 1st Communion? **Yes or No**
 School attending: _____
 Special needs: _____

Child #4 Grade (in the Fall): ____ Communion Level ____ FF ____

Name: _____
 Gender: ____ Age: ____ Date of Birth: _____
 Year of Baptism: _____
 Parish of Baptism: _____
 Has this child received 1st Communion? **Yes or No**
 School attending: _____
 Special needs: _____

TUITION Office Use Only

K thru 8th \$65 one child \$105 two children \$145 three children \$185 four children **\$25 First Communion fee** ____ (2nd yr only)

Total Tuition Due: _____ Tuition Paid (at time of registration): _____ Cash/Check _____ Balance Due: _____ Defer \$: _____

Diocese of San Bernardino

Parent Medical and Liability Release Statement

Participants Name (1): _____ Date of Birth: _____

Allergies/Disabilities/Medical Problems: _____

Is the participant taking any over the counter or prescription drugs? Yes ___ No ___

Participants Name (2): _____ Date of Birth: _____

Allergies/Disabilities/Medical Problems: _____

Is the participant taking any over the counter or prescription drugs? Yes ___ No ___

Participants Name (3): _____ Date of Birth: _____

Allergies/Disabilities/Medical Problems: _____

Is the participant taking any over the counter or prescription drugs? Yes ___ No ___

Participants Name (4): _____ Date of Birth: _____

Allergies/Disabilities/Medical Problems: _____

Is the participant taking any over the counter or prescription drugs? Yes ___ No ___

ParentName: _____ Phone: _____

Emergency Contact

#1: _____ Phone: _____

Emergency Contact

#2: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Co: _____ Policy # _____

_____(initial) I understand that in the event medical intervention is necessary, every attempt will be made to contact the persons on this form. If they cannot be reached in an emergency, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and order and injection, anesthesia, or surgery for my child as deemed necessary.

_____(initial) I understand all reasonable safety precautions will be taken at all times by: St Thomas Faith Formation Program and the Coordinator of Catechesis. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold, St Thomas the Apostle Church, 3774 Jackson St, Riverside Ca, 92503, it's leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date: _____