

Children of active parishioners who attend Mass regularly at St. Thomas the Apostle and use their offering envelopes are given top priority in registering for classes.

Child's Information: (Please Print Legibly)

Name							
	First			Last			
Street Address:	Stre	pet .	City	State	Zip		
			City	State	Σip		
Grade	School						
	rmation: (needed 1		Registry)				
Place of Birth:							
		City		State			
Has your child bee	en baptized? □ Yes	□ No	If yes,				
What religion:							
Preparing For 1 st Reconciliati	on Y N		1 st Communion/Confirmation	Y N			
Does your child have any special needs? Physical/Emotional: (Please explain)							
Please list any foo	od allergies						
v	<u> </u>						

Parent Information (even if the parent is not living with the child.)

Father's Full Name:					
	First			Last	
Home Phone:(if different)			Alternate Phone:		
E-Mail Address:					
Religion:			N N		
Registered in this Parish: ☐ Yes If not registered here, at which		tered?			
Mother's Full Name:					
	First		Last		Maiden
Home Phone:(if different)			Alternate Phone:		
E-Mail Address:					
Religion:		Y	N N		
Registered in this Parish: ☐ Yes If not registered here, at which	☐ No parish are you regist	tered?	_		
Guardian Information (if the		ith the	parents.)		
	First			Last	
Home Phone: (if different)		Alternate Phone:			
E-Mail Address:					
Religion:	Baptized?	Y	N		
Registered in this Parish: □ Yes If not registered here, at which	Confirmed? □ No	Y tered?	N		

Emergency Contacts

Please list two emergency contact	s:			
Contact #1				
Firs		Last		
Home Phone:	Alternate Phone:			
Contact #2				
Firs		Last		
Home Phone:	Alternate Phone:			
PLEASE BRING COMPLETED FORM OR MAIL (with payment TO THE PARISH OFFICE 2312 E. Campbell Ave., Phoenix, AZ 85016		Children's Catechesis with Sacramental Preparation \$125 Wednesdays 6:30 to 7:45pm Includes Spring Retreat		
Signatures: Father's Signature And/or		Date / /		
Mother's Signature		Date / /		
And/or				
Guardian's Signature		Date / /		
	Office Use Or Date/Time &			