



**Saint Thomas of Villanova
Religious Education Program
2012-2013**

Please fill out one form per child. Be sure all blanks are filled in and Please Print.

NEW STUDENT REGISTRATION Grades K- 8

Family Name _____ **Date:** _____ ☐

Upcoming Grade as of September 2012 _____ **Child's School** _____

Student will attend: (Check ONE.)

___ Session I Sunday Morning 10:10 am – 11:25 am

___ Session II Wednesday Afternoon 4:30 PM-5:45 PM

___ Home School

Date and Place* of :

Baptism: _____

First Eucharist: _____

Confirmation: _____

Student Name _____
(First) (M.I.) (Last)

Gender _____ **Birth Date** _____ **Special Health/Learning Concerns** _____

Previous Religious Ed. Years _____ **Location** _____

___ Attach a Copy of Baptismal, Eucharist, Confirmation Certificate ***If other than St. Thomas**

SACRAMENTAL PREP REGISTRATION

___ Student intends to receive the Sacraments of Reconciliation and First Holy Communion. (grade 2 or higher)

___ Student intends to celebrate Confirmation (grade 6 or higher)

FAMILY INFORMATION

Parish ID # _____

Address _____

City _____ **State** _____ **Zip Code** _____ **Home Phone ()** _____

Family E-Mail Address _____

Name: Father's _____ Mother's _____ Maiden Name: _____

Religion: Father's _____ Mother's _____

Occupation: Father's _____ Mother's _____

Work Phone: Father's _____ Mother's _____

Marital Status (please check) Married _____ Widowed _____ Divorced _____ Single Parent _____

With whom does the child reside _____

Class Time Emergency Contact – *This person should be available during class time to come and pick up the student in case of an emergency or illness during class time.*

Name _____ **Phone** _____