

Child's Last Name:		Child's First Name:		DOB	Grade
Address:		City:	Zip:	Home Phone:	
Mother's Cell:	Father's Cell:	Emerg Phone # Relationship & Name:			
Mother's First & Maiden Name		Address (if different)			
Father's Name		Address (if different)			
***Email Address: PRINT					
SACRAMENTS RECEIVED: INDICATE YES OR NO AND YEAR RECEIVED					
*Baptism	Name of Church:		Date:	Address:	
RECONCILIATION	Date:	Place:			
FIRST EUCHARIST:	Date:	Place:			
CONFIRMATION:	Date:	Place:			
*Baptismal Certificate Must Accompany Registration if not baptized at St. Thomas More					
Health Needs					
ARE YOU REGISTERED IN THE PARISH?			IF NO, WHERE ARE YOU <u>REGISTERED</u> ?		

ADDITIONAL FORMS REQUIRED WITH REGISTRATION

1. Medical Emergency Authorization
2. Photo Release
3. Release of Student to Third Party
4. Copy of Baptism Certificate

REGISTRATION FEE

\$35/child
\$50 for 2 or more children

Make checks out to St. Thomas More