

# St. Thomas Aquinas Parish

## Faith Formation Program

### Registration Form

### Year 2015-2016

Office Use Only	
Grade School:	_____
Grade in Rel Ed.:	_____
Class :	_____
Sacraments:	_____
	_____

**The required documents at the time of registration are:**

1. Child's Baptismal Certificate
2. Birth Certificate (if not baptized)
3. Transfer papers (if coming from another parish)

Student \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
(First Name) (Last Name) (Date of Birth)

Mailing 

Mr. & Mrs.
Mr.
Ms.

 Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone Home \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency \_\_\_\_\_  
Name Relationship Phone Number

Father \_\_\_\_\_ Married  Divorced  Separated  Deceased  Religion \_\_\_\_\_  
Last Name First Name

Mother \_\_\_\_\_ Married  Divorced  Separated  Deceased  Religion \_\_\_\_\_  
Maiden Name First Name

Mother's Name (if different from Child) \_\_\_\_\_

Guardian (if different from Parents) \_\_\_\_\_  
Name Relationship Phone # Religion

Baptism: Church \_\_\_\_\_  
Name Address City Zip Date

Communion: Church \_\_\_\_\_  
Name Address City Zip Date

Language spoken at home: \_\_\_\_\_ Any medical information we need to know about \_\_\_\_\_

Registration Fee: 1 CHILD \$100.00 2 CHILDREN \$150.00 \$50.00 for every additional child

Registration Fee Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Balance \_\_\_\_\_ Date Paid \_\_\_\_\_

