

**Saint Thomas Aquinas Chapel School of Religious Education**  
**Registration Form 2009-2010**

Please enclose a check made out to "St. Thomas Aquinas". Tuition for parishioners is \$ 50 per child with a maximum fee of \$150 per family. Tuition for non-parishioners is \$75.

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Grade Level (9/08): \_\_\_\_\_

Students K-6: I will attend: Session 1 (4:30-5:30) \_\_\_\_\_ Session 2 (6:30-7:30) \_\_\_\_\_ Gr. 7-10 (attend on Sunday) \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you a registered member of St. Thomas? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, where are you registered?

Parish: \_\_\_\_\_ ? (A note from your pastor or DRE must accompany this registration stating that your parish is aware of the fact that you are attending classes/sacramental preparation at St. Thomas)

Mother's Full Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Address(if different): \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Family (or parent) e-mail address: \_\_\_\_\_

*This is needed for easy communication and announcements.*

**EMERGENCY INFORMATION (it its very important that this be filled out COMPLETELY)**

Should there be an emergency, or if a child is ill, this information is essential to our Religious Education Program. If we, for any reason, need to contact someone, the following information will be used.

Name of Contact Person (other than parent): \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Contact Person #2: \_\_\_\_\_

Telephone: \_\_\_\_\_

**SACRAMENTS RECEIVED:**

**BAPTISM:** Yes \_\_\_ No \_\_\_ (A copy of your child's baptismal certificate **MUST** be on file in the Religious Education Office when you register.)

**RECONCILIATION** Yes \_\_\_\_\_ No \_\_\_\_\_ **FIRST COMMUNION** Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL INFORMATION:** Please indicate any medical concerns your child may have that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**LEARNING DISABILITIES:** Please indicate any type of learning problem your child has that the teacher needs to be aware of: \_\_\_\_\_

\_\_\_\_\_

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**OFFICE USE ONLY:**

Tuition paid: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_