

**Saint Thomas Aquinas Chapel School of Religious Education
Registration Form 2011-2012**

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 per child.

Student's Full Name: _____ Date of Birth: _____

Student's Grade Level (as of 9/2011): _____

Students K-6: Tuesday from 4:30 – 5:30 _____ Gr. 7-10 Sunday from 5:00 – 6:30 _____

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 Maiden 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.

Are you interested in teaching or being a classroom helper? Yes ___ No ___

EMERGENCY INFORMATION (It is 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 and are unable to reach a parent, 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 that we should be aware of:

LEARNING DISABILITIES: Please indicate any type of learning disability your child has that the teacher may need to be aware of: _____

OFFICE USE ONLY:

Tuition paid: Yes ___ No ___ Date _____

Amount: \$ _____ Cash or Check # _____