

Saturday, August 19, 2017

## Religious Education Form

St. Thomas the Apostle Catholic Church Religious Education Registration Form

Bring the completed form to the Parish Office:

**St. Thomas the Apostle Catholic Church**

Religious Education

4100 S. Coulter St.

Amarillo, TX 79109

- OR -

FAX the completed form to the Secretary:

**FAX:** (806) 358-2529

- OR -

Email the completed form to the Director of Religious Education

with the subject line as **Religious Education:**

**Email Address:** kacker@stthomasamarillo.org

From Adobe Reader's menu select **File** then select **Send To**

**Email Address:** kacker@stthomasamarillo.org

### REGISTRATION PROCEDURES

Be sure to complete this registration form in full. Please remember that you need to turn in only **ONE form per family.** If you need additional space, please ask for another form.

**REGISTRATION FEE: \$20.00 each child for the first 2 and \$15.00 for each add'l child.**

IF ASSISTANCE IS NEEDED, PLEASE CALL THE PARISH OFFICE. (806) 358-2461, ext. 106

1. For Preschool and Kindergarten children, specify the AGE the child will be as of September 1.
2. For school age children, specify the GRADE the child will be in as of Fall and check the SACRAMENTS your Child(ren) has received.

**\*\*\* RETURN ONE FORM PER FAMILY \*\*\***

# STtA RE Registration



Member Number      Last Name of Family

**New Address:**       **\*\*\* PRIMARY ADDRESS WHERE CHILD(REN) RESIDE \*\*\***

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Street Address	Apartment/Suite/Other	City	State	ZIP Code

**Child(ren) reside with (Check one):**

Both Parents      Mother      Father      Guardian

**New Phone #s:**       **\*\*\* PRIMARY CONTACT FOR CHILD(REN) \*\*\***

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Adult Role (Head of House)	Prefix	First Name	Middle Name	Last Name	Suffix	Maiden Name

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Relationship to Child(ren)	Emergency Contact	Home Phone	Mobile Phone	Business Phone	Ext.

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
E-mail Address	Notes

**New Phone #s:**       **\*\*\* SECONDARY CONTACT FOR CHILD(REN) \*\*\***

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Adult Role (Spouse)	Prefix	First Name	Middle Name	Last Name	Suffix	Maiden Name

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Relationship to Child(ren)	Emergency Contact	Home Phone	Mobile Phone	Business Phone	Ext.

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
E-mail Address	Notes

I am willing to be a classroom teacher:      Grade      Name: \_\_\_\_\_

I am willing to be a classroom teacher assistant:      Grade      Name: \_\_\_\_\_

I am willing to be a classroom teacher substitute:      Grade      Name: \_\_\_\_\_

**REGISTRATION FEE:**  
 \$20.00 per child for first 2 children and \$15.00 for each add'l child.  
 Example: \$20.00-one child \$40.00-two children \$55.00-three children \$70.00-four children

OFFICE USE ONLY \_\_\_\_\_ Paid      ENTERED COMPUTER \_\_\_\_\_

# STtA RE Registration

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix	Gender	Date of Birth	Age	Grade	School

**on Sept. 1**

**Choose One:**

Preschool Preference   9:00   11:15   Kindergarten thru Grade 5   Middle School Grades 6 thru 8   High School Grades 9 thru 12

## Sacraments Celebrated

	Complete	Date	Where
Baptism	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reconciliation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eucharist	<input type="text"/>	<input type="text"/>	<input type="text"/>
Confirmation	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Media Release

CAN APPEAR in All Parish Media:  Yes / No

CAN ONLY APPEAR in these Parish Media:

Bulletin Boards  Yes / No

Website  Yes / No

Newspaper  Yes / No

OPT-OUT of All Forms of Parish Media:  Yes / No

## Education

First time registration?  Yes / No

Has child previously attended formal religious education?  Yes / No

Description	Date	Where
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Safe Environment Training

Permission to go through program:  Yes / No

OPT-OUT form signed by Parent:  Yes / No

## Special Circumstances

Special Circumstances

Allergies

Medications

## Safe Environment Release

First Name	Last Name	Release Child
<input type="text"/>	<input type="text"/>	<input type="text"/> Yes / No
<input type="text"/>	<input type="text"/>	<input type="text"/> Yes / No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix	Gender	Date of Birth	Age	Grade	School

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## Education

	Complete	Date	Where
RCIC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

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