

**ST. THOMAS THE APOSTLE
OFFICE OF RELIGIOUS EDUCATION REGISTRATION FORM**

Family Name _____ Mother's Maiden Name _____
 Address _____ Zip _____
 Home Phone _____

Relationship to Child Name _____	Relationship to Child _____ Name _____
Business _____ Bus. Phone _____	Business _____ Bus. Phone _____
Religion _____	Religion _____
Marital Status _____	Marital Status _____

I am interested in volunteering for: _____

Concerns/comments: _____

*I give my permission to have my child(ren)'s picture posted on the STA website, newsletter, poster, or local newspaper **without the use of their name(s)** _____

My child(ren) will be walkers.

My child(ren) **will not** be walkers. The following persons have my permission to take my child(ren) home from Religious Education:

In the event of an emergency, if you are unable to reach me, please contact the following:

Name _____	Address _____
Relationship _____	Phone _____

Student Name _____	Grade _____	Sex _____
School _____	Language _____	
Date of Birth _____	Place of Birth _____	
Date of Baptism _____	Place of Baptism _____	
Date of First Eucharist _____	Place of First Eucharist _____	

Special Needs (physical, medical, educational, dietary, etc.) _____

Has had the opportunity to participate in "Child Lures" Program? Yes _____ No _____

Student Name	Grade	Sex
School	Language	
Date of Birth	Place of Birth	
Date of Baptism	Place of Baptism	
Date of First Eucharist	Place of First Eucharist	

Special Needs (physical, medical, educational, dietary, etc.)

Has had the opportunity to participate in "Child Lures" Program? Yes _____ No _____

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School	Language	
Date of Birth	Place of Birth	
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