

Catholic Churches of
 Ss. Peter and Paul | St. Thomas the Apostle
GRADES PREK-6 FAITH FORMATION
2016-2017 REGISTRATION FORM

Date Due:
Sun., Sept. 11th

(Public, Private, and Home-Schooled Children)

Must be Registered Parishioners of Ss. Peter and Paul or St. Thomas the Apostle

Names of Parents or Guardians:

| | | |
|----------------------|---------|------------|
| (Mother's Last Name) | (First) | (Religion) |
| (Father's Last Name) | (First) | (Religion) |

Parishioners of: *(circle one)* **Ss. Peter and Paul** **St. Thomas the Apostle**

Address:

| | | | |
|----------------|----------|--------|-------|
| (House number) | (Street) | (City) | (Zip) |
|----------------|----------|--------|-------|

Main Phone No.: _____ **Email:** *(IMPORTANT)* _____

Cell Phones: (Father) _____ (Mother) _____

Child(ren) Lives with: *(circle one)* Mom Dad Both Parents Guardian

School Child(ren) Attend(s): _____

STUDENT ENROLLMENT INFORMATION

PreK - Grade 6

| Student Name(s) | Birth | <u>Sacraments Received</u> <i>(please circle)</i> | | | | | |
|-----------------|-------|---|-------|---------|----------------|-----------|--------|
| Full Name | M/F | Date | Grade | Baptism | Reconciliation | Eucharist | |
| _____ | _____ | _____ | _____ | Yes No | Yes No | Yes No | Yes No |
| _____ | _____ | _____ | _____ | Yes No | Yes No | Yes No | Yes No |
| _____ | _____ | _____ | _____ | Yes No | Yes No | Yes No | Yes No |
| _____ | _____ | _____ | _____ | Yes No | Yes No | Yes No | Yes No |

If your student is making their 1st Communion this year, were they baptized at Ss. Peter & Paul or St. Thomas the Apostle? Yes _____ No _____

IF CHECKED "YES", which parish? _____ Ss. Peter & Paul _____ St. Thomas the Apostle

IF CHECKED "NO", please attach a copy of your student's Baptismal Certificate to this registration form.

WEDNESDAY NIGHT GRADE SCHOOL

FAITH FORMATION SCHEDULE

PreK – Grade 6 *(Classes begin Wednesday, September 28th)*

Dinner/Social5:30-6:10 p.m.
 PreK – 6th Grade Faith Formation.....6:15-7:30 p.m.

Over

I. Student Medical Information

Please indicate if the student(s) has any ALLERGIES or special needs (ADHD, special medications, etc.)

Name _____

Name _____

Name _____

Name _____

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child(ren) to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, **if you are unable to reach me** at the above numbers, *Contact:*

(Name) (Phone number)

Family Health Plan Name and carrier number: _____

Family Doctor: _____ Phone number: _____

Tuition

- Registration forms returned by September 11th\$70 / child
- Maximum family fee (registered by September 11th)\$200 / family
- **Registration forms returned September 12th and later – Add\$15 / child**

Tuition Payment:

- Checks should be made payable to SS. PETER & PAUL or ST. THOMAS THE APOSTLE **and attached to this registration form.**
- If you are in need of financial assistance, please do not hesitate to contact Pam Dombeck at 763-420-2385 / pdombeck@saintsppta.org.

I, _____, grant permission for my child(ren) who is/are named above to participate
(Parent or guardian's name printed)

in the Religious Education Program at St. Thomas the Apostle Church. In consideration of my child(ren)'s participation, I agree to indemnify the parish and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the parish and Archdiocese of St. Paul & Minneapolis by myself, my child(ren) or others that arise out of any behavior by my child(ren) in the classes and activities included in this program. I also agree to pay reasonable attorney's fees or expenses incurred by the parish and the Archdiocese in defense of such a claim/law suit.

Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

* If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the parish office to receive a version of this form that does not include the previous clause; however, some events/ activities may require this clause.

Signature of Parent/Guardian

Date