

Date Due:
Sun., Sept. 10th

Catholic Churches of
Ss. Peter and Paul | St. Thomas the Apostle
GRADES PREK (AGE 4) - CONFIRMATION
2017-2018 FAITH FORMATION REGISTRATION FORM

(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)
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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 (Age 4) - Confirmation

Student Name(s) Full Name	M/F	Birth Date	Grade	<u>Sacraments Received</u> <i>(please circle)</i>					
				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	Yes No	Yes No	Yes No	Yes No	

If your child is preparing to receive a sacrament 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 – Confirmation *(Classes begin Wednesday, September 27th)*

Dinner/Social	5:30-6:10 p.m.
PreK – Confirmation 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 10th\$70 / child
- Maximum family fee (registered by September 10th)\$200 / family
- **Registration forms returned September 11th 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