

St. Thomas the Apostle Catholic Church

Long Beach, MS

Registration Form - School of Religious Education [SRE], Edge, and Life Teen (2019-2020)

FAMILY NAME: _____ Father's Name _____ Religion _____
 Mother's Name _____ Religion _____

Address _____
Number & Street City Zip Code

Home Telephone: _____ Daytime Telephones: _____ / _____ / _____
Father cell Mother cell

Email Address: _____ OR _____

Child(ren) reside(s) with: Both Parents Mother Father Other (Specify name & relationship) _____

Correspondence should be addressed to: Mr. and Mrs. Mr. Mrs. Ms. Miss _____

WERE YOUR CHILDREN REGISTERED IN THIS PROGRAM LAST YEAR? Yes No

Please CHECK if your child has received these sacraments:

Student's Full Legal Name			M	F	Date of Birth	Grade as of 9/2019	Name of School	Baptism	Penance	Eucharist	Confirmation
Last	First	M.I									

Emergency Contact Other Than Parents (we will attempt to notify parents first):

Name _____ Relation _____ Phone (Home) _____ (Cell) _____

Please note any allergies, medications or other pertinent physical information. Also note any **learning disabilities, emotional or psychological problems and special learning requirements.** _____

I do hereby grant permission to St. Thomas' SRE, its administrators, and staff to publish photographs and/or videos that may include images of my child(ren) on the parish website or in local newspapers. I understand that my child(ren) will not be identified by name.

 Signature of Parent/Guardian

 Date