

St. Thomas the Apostle Catholic Church

Long Beach, MS

Registration Form - School of Religious Education [SRE] - (2021-2022)

Registration Fee: \$25 per Child or \$40 per Family

Parent Information					
	First	Last	Catholic (Y/N)	Phone	Email
Father					
Mother					

Address _____

Number & Street
City
Zip Code

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 9/2021	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