

2021-2022 Religious Education Registration - preK through 8th grade

Saint Thomas Aquinas Catholic Church, Indianola, Iowa

Name(s) of Child(ren)	2021-22	Date of birth	Baptism Year and place	First Eucharist Year and place
	Grade Level			
A)				
B)				
C)				
D)				
Names of Parents/Guardians		Catholic or other denomination	Cell Phone	Work Phone

Address _____

Email (most communication is via email) _____

City, ZIP Code _____

Email -additional, if you would like emails sent to two places. _____

___ I would prefer same-day notices texted to my cell phone.

Alternative Emergency Contact

Name & Relationship

() _____
Phone

CLASS-TIME PREFERENCES

*Good Shepherd is offered for ages 3-9. It is the only program for pre-school, K & 1st grade. It is optional for Gr. 2 & 3

*Good Shepherd classes are **limited to 10 children** each. Preference will be given on a first-come basis, according to registration date. Teachers and Assistants get first preference.

Sunday 9:00-10:10 am

Good Shepherd Level I: pre-sch & K-age 3-6

Good Shepherd Level II: Grades 1-3

**RE Teachers and Assistants get
first preference for class times
and fees are waived.**

Wednesday 5:30-6:40

Good Shepherd Level I: **pre-sch, K-age 3-6**

Good Shepherd Level II: **1st, 2nd, 3rd gr.**

2nd Grade (only @ 5:30)

3rd Grade

4th Grade

5th Grade

6th Grade

7th Grade

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Good Shepherd

Level 2 (Gr. 1,2,3)

3rd Grade

4th Grade

5th Grade

6th Grade

7th Grade

8th Gr. only @ 7

Wednesday 7-8:10 pm

*2nd graders may attend
any Good Shepherd
Level II time or choose
traditional class at 5:30
on Wednesdays for
sacrament preparation.*

Medical Information

Hospital/Clinic preference

Physician's Name

Phone number

Insurance Company

Policy Number

Allergies and/or Special Health Concerns: _____

Medical Release: I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child(ren), _____ in the event of a medical situation occurring in my absence or when the hospital or physicians are *unable to contact me*. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff where treatment is rendered by the physicians. I release from medical responsibility and liability the hospital, physician(s) and nurse(s) for performing medical procedures and acting on the authority of this medical treatment consent form which such medical providers deem necessary for my child. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Parent/Guardian Signature

Date

Permission for Pick-up

Parents or designated adult **MUST come in the building** to get the **Good Shepherd child(ren)**. This is Church policy. I give permission for the following people to pick-up my child(ren) from Religious Education:

Photos

Occasionally, we plan to put photos on our parish website or Facebook page illustrating our RE program (individuals will NOT be named). If you do not want your child's photo on our website, please type or write your name below.

Please do not include any photos of my children on the parish website or Facebook page --

(type or write your name) _____

Registration Fees

Fees are waived for children of Catechists and assistants - some training is involved, especially for Good Shepherd.

Fees for the **2021022** Religious Education year will be **\$50** per student if you register by **August 6, 2021**, (after that date, the fee will be \$55 per student) not to exceed \$110 per family.

Fees for children whose family is NOT a member of St. Thomas Aquinas parish will be \$75 per child.

Payment is due by September 8, 2021.

- \$50 or \$55 (or \$75) x Number of Children ____ = \$ _____ due. *Checks payable to St. Thomas Aquinas Church.*
- Catechist/Helper (complete info. below), *fees waived.*
- Scholarship Needed (No students will be turned away for inability to pay.)

Atrium/Class Catechist or Assistant Information (You receive preference for classtimes and waived fees.)

Name(s) of Volunteer(s)	Email	Cell Phone	Work Phone

Preference: _____ Catechist _____ Assistant

[email this form to: Elizabeth Williams <fjecwilliams@msn.com>](mailto:fjecwilliams@msn.com)

or mail to : St. Thomas Aquinas, 210 South Wesley St., Indianola IA 50125 or put in Sunday collection box