

FAITH FORMATION 2020-2021 REGISTRATION FORM



St. Thomas Aquinas Catholic Church – Office of Faith Formation

PLEASE PRINT ALL INFORMATION VERY CLEARLY WITH BLACK OR BLUE PEN. ONE FORM PER STUDENT!

OFFICE PERSONNEL ONLY! CLASS ASSIGNMENT:

TODAY'S DATE: _____

STUDENT'S NAME: _____
FIRST MIDDLE NAME LAST

ADDRESS: _____
STREET/# APARTMENT# CITY (CIUDAD) ZIP (CÓDIGO POSTAL)

PHONE HOME# (_____) _____ CELL# (_____) _____

EMERGENCY# (_____) _____ WHOSE? _____ RELATIONSHIP? _____

GENDER: M ___ F ___ School _____ GRADE (2020-2021) _____

PARENT /GUARDIAN EMAIL: _____

(THIS WILL BE OUR PRIMARY WAY TO COMMUNICATE WITH YOU!)

DATE OF BIRTH: _____ AGE: _____
Month/Day/Year

PLACE OF BIRTH: _____
CITY COUNTRY OR STATE

FATHER'S NAME: _____
FIRST LAST RELIGION

MOTHER'S NAME: _____
FIRST LAST RELIGION

MOTHER'S MAIDEN NAME: _____

ANY MEDICAL, DEVELOPMENTAL, OR ACADEMIC CONCERNS/CHALLENGES THAT WE SHOULD KNOW ABOUT?

CHILD LIVES WITH: (Parents/Guardians)

(INDICATE NAMES AND RELATIONSHIPS!)

THOSE AUTHORIZED TO PICK UP CHILD: _____

FOR CHILDREN IN SHARED CUSTODIAL SITUATION:

DO BOTH PARENTS HAVE LEGAL ACCESS TO THIS CHILD'S CUSTODY AGREEMENT? _____
EXPLAIN BRIEFLY, IF CUSTODY IS EVENLY SHARED OR IF THERE IS ANOTHER ARRANGEMENT:

[IF PARENTS ARE DIVORCED OR SEPARATED A COPY OF THE CUSTODY AGREEMENT PERTAINING TO THE FAITH FORMATION OF THE CHILD MUST BE KEPT ON FILE IN THE FAITH FORMATION OFFICE!]

PARENTS' PREFERRED LANGUAGE: _____

ARE YOU A REGISTERED MEMBER OF ST. THOMAS AQUINAS? _____ ENVELOPE # _____

CONTINUED ON THE BACK (CONTINUÓ EN LA PARTE POSTERIOR)



DID THE PERSON BEING REGISTERED ATTEND FAITH FORMATION CLASSES LAST YEAR? _____

WHERE? _____

PARISH

CITY

STATE

YEARS OF FORMAL FAITH FORMATION (CATHOLIC SCHOOL OR PARISH FAITH FORMATION PROGRAM) _____

SACRAMENTS CELEBRATED:

BAPTISM: YES ___ NO ___ (CATHOLIC: Y ___ N ___)

WHERE? _____

PARISH

CITY

STATE

BAPTISMAL CERTIFICATE MUST BE ATTACHED OR ON FILE IN FAITH FORMATION OFFICE!

RECONCILIATION: Yes _____ No _____

EUCHARIST: Yes _____ No _____

WHERE? _____

PARISH

CITY

STATE

CONFIRMATION: Yes _____ No _____

WHERE? _____

PARISH

CITY

STATE

I, the parent or guardian of this (these) child(ren), agree to pay all fees by November 30, 2020. By signing this statement, I acknowledge I have received the information and calendar for the Faith Formation year. I AM RESPONSIBLE FOR READING THEM AND MAKING NOTE OF THE INFORMATION I HAVE BEEN PROVIDED!

NAME (PRINT)

SIGNATURE

DATE

PLEASE CONSIDER BEING A VOLUNTEER WITH OUR PROGRAM! (PLEASE CHECK ALL THAT APPLY!):

CATECHIST ___ CATECHIST AIDE ___ SUBSTITUTE CATECHIST ___ AIDE TO THE DIRECTOR ___

OFFICE HELP ___ PARISH FESTIVAL ___ CHAPERONE (RETREATS/EVENTS) ___ SET UP AND/OR CLEAN-UP FOR EVENTS ___

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OFFICE PERSONNEL ONLY!

TUITION PER STUDENT [LATE FEE ADD \$20]

One student: \$65.00; two students: \$120.00; three or more students: \$170.00. # _____ student(s) =

SACRAMENTAL PREPARATION FEES:

FIRST RECONCILIATION/ FIRST EUCHARIST \$50.00 PER STUDENT \$50 X _____ = \$ _____

CONFIRMATION (9th grade and up). \$50.00 PER STUDENT \$50 X _____ = \$ _____

TOTAL FEES: \$ _____

Minimum of 50% of tuition per family must be paid at Registration. The remaining balance must be paid by November 30, 2020! (Contact Faith Formation Office if installment plan needed.) ALL FEES ARE NON-REFUNDABLE ONCE YOUR CHILD'S FIRST SCHEDULED CLASS HAS BEGUN!

Check# _____ Cash amount \$ _____

TOTAL FEES DUE: \$ _____

AMOUNT PAID \$ _____

BALANCE DUE \$ _____

RCPT #: # _____

HISTORY OF PAYMENTS:

DATE: _____ AMT: _____ CASH or CK # _____ BAL: _____ RCPT #: _____

DATE: _____ AMT: _____ CASH or CK # _____ BAL: _____ RCPT #: _____