

ST. THOMAS CATHOLIC CHURCH

6 Green Street, PO Box 3

Underhill Center, Vermont 05490

Pastor: Rev. Christopher Micale

Parish Office: 802-899-4632 Email: office@stthomasvt.com

Parish Catechetical Leader: Laura Lynch Wells

Religious Education Office: 802-899-4770 Email: rel.ed@stthomasvt.com

2020-21 Religious Education Registration

CURRENT PARISH: _____ PARISH TOWN: _____

FAMILY NAME: _____

Father's Full Name: _____

Mother's Full Name: _____ Maiden _____

Home Phone #: _____ Dad's Cell: _____ Mom's Cell: _____

Home Address: _____

City/ State/ Zip: _____

Email: _____ Both Parents Catholic? Yes/ No

Custody issues? Yes/ No If yes, who may pick up your child? _____

Custodial Parent if different than above: _____

Home Address: _____

Contact Phone: _____ Email: _____

Registering for:

1. Child's Name: _____ Previously registered? Yes/ No Grade: _____

School attending? _____

2. Child's Name: _____ Previously registered? Yes/ No Grade: _____

School attending? _____

3. Child's Name: _____ Previously registered? Yes/ No Grade: _____

School attending? _____

4. Child's Name: _____ Previously registered? Yes/ No Grade: _____

School attending? _____

Child 1

Child's Name: _____ Age: _____

Date of Birth: MM ____/DD ____/YYYY _____ Sex: M/ F Grade: _____

Sacramental Information:

Church of Baptism: _____ Catholic: Yes/ No

Church Address: _____

City / State / Zip: _____

Date of Baptism: MM ____/DD ____/YYYY _____ *Attach copy of Baptismal Certificate from Church of Baptism*

Registration Fee: \$20 per child

Make checks payable to: St. Thomas Church and include payment with registration form.

(No child will be denied registration for inability to pay.)

(For office use only)

Date received: _____ Amount received: _____ Cash/Check # _____

Child 2

Child's Name: _____ Age: _____

Date of Birth: MM____/DD____/YYYY_____ Sex: M/ F Grade: _____

Sacramental Information:

Church of Baptism: _____ Catholic: Yes/ No

Church Address: _____

City / State / Zip: _____

Date of Baptism: MM____/DD____/YYYY_____ *Attach copy of Baptismal Certificate from Church of Baptism*

Child 3

Child's Name: _____ Age: _____

Date of Birth: MM____/DD____/YYYY_____ Sex: M/ F Grade: _____

Sacramental Information:

Church of Baptism: _____ Catholic: Yes/ No

Church Address: _____

City / State / Zip: _____

Date of Baptism: MM____/DD____/YYYY_____ *Attach copy of Baptismal Certificate from Church of Baptism*

Child 4

Child's Name: _____ Age: _____

Date of Birth: MM____/DD____/YYYY_____ Sex: M/ F Grade: _____

Sacramental Information:

Church of Baptism: _____ Catholic: Yes/ No

Church Address: _____

City / State / Zip: _____

Date of Baptism: MM____/DD____/YYYY_____ *Attach copy of Baptismal Certificate from Church of Baptism*
