

STA ADULT FAITH FORMATION PROGRAM
REGISTRATION FORM

Date: _____

<p>Payment Information Registration Total: 100.00 <input type="checkbox"/></p> <p>Paid by Check # / No. de Cheque: _____ Cash / Efectivo <input type="checkbox"/> STA website / Tarjeta crédito <input type="checkbox"/></p> <p>All fees must be paid upon registration</p>
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CANDIDATE INFORMATION (Please print.)

Last Name _____ First Name: _____

Male Female

Birth Date _____ Birth Place (City and State): _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email: _____

Father's Name: _____ Religion _____

Mother's Name: _____ Religion _____

Mother's Maiden Name: _____

Where you adopted as a Child? Yes No

Where you baptized previously or baptized under emergency conditions? Yes No

Are you registered at St. Thomas Aquinas? Yes No If yes, include Parish envelope # _____

What Sacraments do you need:

Baptism

First Holy Communion

Confirmation

Marriage

Are you Married? Yes No

Please circle: Church Civil

Single? Yes No

Divorced? Yes No

Please list some of your talents and your occupation: _____

Sponsor Information

Sponsor First Name: _____ Last Name _____

Cell Phone: _____ Email: _____

Sacraments received:

BAPTISM **FIRST HOLY COMMUNION** **CONFIRMATION** **MARRIAGE**

Copy of Certificate submitted: YES NO

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ADULT FAITH FORMATION PUBLICATION OF PHOTOGRAPHY CONSENT FORM

STUDENT INFORMATION

Candidate Last Name _____ First Name _____

I understand that from time-to-time St. Thomas Aquinas Church may wish to publish photographs of Religious Education and/or Adult Formation students in the Sunday Bulletin or in another church related publication. The Sunday Bulletin is posted on the St. Thomas Aquinas website on an Internet accessible World Wide Web server. I understand that St. Thomas Aquinas' website may also wish to use photographs of Religious Education and/or Confirmation students. Photographs posted on the Internet may include only the last name initial and first name of the Religious Education and/or Confirmation student.

I acknowledge that the church website content is not private and can be reviewed, copied, downloaded and transmitted by anyone with access to the Internet and that St. Thomas Aquinas Church has no control over this. I hereby waive, release, and forever discharge any and all claims, demands or causes of actions against St. Thomas Aquinas Church and its facility, staff, employees, agents, contractors and any other person, organization or entity assisting them in connection with the posting of information on the website for damages or injuries in any way related to. Connected to or arising from the publishing or posting of information on the church's internet website or the use of that information and expressly assume the risk of any injury or damage resulting from said posting of information on the website.

I further understand and agree that this authorization remains in effect until such time as it is withdrawn in writing. I understand that if I change my mind relating to this authorization, that I will submit another authorization form to St. Thomas Aquinas Church.

Please check the applicable option:

____ My son(s)/daughter(s) photograph(s) can be published in the Sunday Bulletin or in another church-related publication and posed on the St. Thomas Aquinas Church website on the Internet.

____ I do not want my son(s)/daughter(s) photograph(s) published in the Sunday Bulletin or in another church-related publication and posed on the St. Thomas Aquinas Church website on the Internet.

Signature of Parent(s)/Guardian(s)

Date

EMERGENCY CONTACT INFORMATION

In case of emergency, please contact number(s) below

Doctor(s) Name: _____ Telephone: _____

(1) Contact Name: _____ Relationship: _____

Phone _____

(2) Contact Name: _____ Relationship: _____

Phone _____

The Adult Faith Formation Program is important in your spiritual development. Since classes only meet for 1.45 hours on Sundays, September through May, maintaining good attendance is very important. A commitment of you to this program is necessary to ensure that you accept as much as possible and understands the importance of your Catholic faith.

_____ I understand that during preparation for sacraments, my attendance is essential. No more than 3 unexcused absences per school year are allowed.

_____ I will attend Mass on a regular basis.

_____ I will attend the mandatory sacramental preparation meetings.

Please list areas of your faith in which you need improvement...

Are there any special/family circumstances regarding the reception of your sacraments that we should be aware of? Yes No If yes, please explain.

Signature

Date

For Office Use Only

Amount Paid \$ _____

Balance Due: \$ _____

Receipt #: _____

Raffle Tickets # _____

Raffle Tickets Collected \$ _____

Check: **C.C/ Debit:** **Cash:**

Receipt #: _____

