

**ST. THOMAS MORE  
RELIGIOUS EDUCATION REGISTRATION  
2010-2011**

FOR OFFICE USE ONLY

Amount Due \_\_\_\_\_ Check No. \_\_\_\_\_

Amount Paid \_\_\_\_\_ Initials \_\_\_\_\_

Balance \_\_\_\_\_

Class/Time \_\_\_\_\_

**PLEASE PRINT**

**Check here if address or phone(s) have changed**

Student's Last Name	First Name	M/F	Birthdate	Age (as of 8/31/10)	School	Grade
Address		City, Zip		Subdivision		
Parent(s)			Parent E-mail Address			
Home Phone		Parent Cell Phone		Mother's Work #		Dad's Work #

Home address above is for:  Both Parents  Mother  Father  Other Guardian

**SACRAMENTS - This year, my child needs to receive:**

- Baptism – needs to receive this year**
- First Communion/First Reconciliation (2<sup>nd</sup> grade & older) – needs to receive this year**
- Confirmation (10th – 12th grade) – needs to receive this year**
- NO SACRAMENTS needed this year**

**NOTE: A copy of the student's baptismal certificate must be turned in on or before the first day of class for students receiving Communion or Confirmation this year. Thank you for your cooperation.**

**FEES:** \$55.00 per child or \$125.00 for 3 or more registered. (No family will be turned away due to a lack of funds.)

**I will be teaching in the Program:** Name \_\_\_\_\_  
(Catechists are exempt from the registration fee for their children.)

**MEDICAL RELEASE**

Release made on \_\_\_\_\_ by \_\_\_\_\_,  
(date) (parent/guardian – please print) (relationship to student)

I authorize a representative of St. Thomas More Religious Education Program to consent to medical treatment of the above named student in the event of an emergency. I, the undersigned, have read this Release and Consent of Medical Treatment and understand all of its terms and conditions. I execute it voluntarily and with knowledge of its significance.

Emergency Contact Person & Phone \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Policy/Group # \_\_\_\_\_ ID # \_\_\_\_\_  
Cardholder's Birthdate: \_\_\_\_\_

\_\_\_\_\_ I do not want medication given to my child, **OR**  
\_\_\_\_\_ STM representatives have my permission to give my child:  aspirin  ibuprofen  acetaminophen

**✠ MASS COMMITMENT-YOUR BAPTISMAL CALL ✠**

Please be aware that regular Mass and RE attendance will enhance your family's faith journey!

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_