

**St. Thomas Aquinas Catholic Church Faith Formation Registration Form 2016-2017 (PLEASE COMPLETE BOTH SIDES)**

8320 Old County Rd. 54 New Port Richey, FL 34653

www.stanpr.org

Phone: (727-372-8600

Fax: (727)372-5712

Family Last Name: \_\_\_\_\_ Parish ID # \_\_\_\_\_ Need to register? \_\_\_\_\_

Student (s) Live with (please circle): Both Parents Mother Father **Guardian** (Relationship): \_\_\_\_\_

Home Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Work/Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Work/Cell: \_\_\_\_\_

**IN CASE OF EMERGENCY**, and in the event parents or legal guardians cannot be reached, please contact:

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD(REN): \_\_\_\_\_

PHONE: \_\_\_\_\_ PERMITTED TO RELEASE CHILD(REN): YES NO (circle one)

Please \_\_\_\_\_

Check all that apply below:

- I authorize and give  full consent to photograph my child during parish activities and events. This may be used in the parish bulletin, parish web site or on parish bulletin  boards. **I DO NOT AUTHORIZE** the above photography consent.
- I have received and read the family handbook, and agree to all guidelines / policies therein.
- By providing my phone & email address above **I consent** to phone, text, email communication from the parish (**do not** provide above if you **do not** consent) Please specify which cell number we may use for texting.
- I am enclosing \$60.00 per student for Formation Year Tuition**
- adult volunteer discount: tuition = \$40.00 per child, if adult is *certified catechist* discount, full tuition waived)
- I am enclosing \$50.00 per student (receiving a sacrament this year) for Sacrament Preparation Tuition**
- I would like to make a contribution to sponsor tuition for those unable to pay. (*The tuition covers textbooks, resource materials, supplies and expenses*) **No family will be turned away due to inability to pay.**
- I have attached a **Copy of Baptismal Certificate** if student is receiving a sacrament in 2017.

**St. Thomas Aquinas Catholic Church needs to be aware of the following medical information or special learning needs of my child (example = allergies, asthma, learning difference, etc.) You will be contacted by the Faith Formation office and your child's teacher to discuss specifics. Please note below:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>(Office Use: # of children x tuition)</b>		
#	x \$	= \$
#	x \$	= \$
<b>Total tuition due:</b>		\$
<b>Amount Paid:</b>		\$
<input type="checkbox"/> Cash	_____	<input type="checkbox"/> Ck# _____
(\$250.00 max total tuition per family - additional retreat fees may apply)		

Signature of Parent / Guardian \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Student Information (Please Print and fill out completely!)**

**First Child:** LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of 9/01/16 \_\_\_\_ Grade (Fall '16) \_\_\_\_\_

School \_\_\_\_\_

**SACRAMENTS RECEIVED BY CHILD:                      Date/Church/City/State**

Baptism                      Yes    No                      \_\_\_\_\_

First Reconciliation    Yes    No                      \_\_\_\_\_

First Holy Communion    Yes    No                      \_\_\_\_\_

Confirmation              Yes    No                      \_\_\_\_\_

**Previous Religious Ed Completed:** \_\_\_\_\_

**Any allergies we should know about?** \_\_\_\_\_

**2nd Child:** LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of 9/01/16 \_\_\_\_ Grade (Fall '16) \_\_\_\_\_

School \_\_\_\_\_

**SACRAMENTS RECEIVED BY CHILD:                      Date/Church/City/State**

Baptism                      Yes    No                      \_\_\_\_\_

First Reconciliation    Yes    No                      \_\_\_\_\_

First Holy Communion    Yes    No                      \_\_\_\_\_

Confirmation              Yes    No                      \_\_\_\_\_

**Previous Religious Ed Completed:** \_\_\_\_\_

**Any allergies we should know about?** \_\_\_\_\_

**3rd Child:** LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of 9/01/16 \_\_\_\_ Grade (Fall '16) \_\_\_\_\_

School \_\_\_\_\_

**SACRAMENTS RECEIVED BY CHILD:                      Date/Church/City/State**

Baptism                      Yes    No                      \_\_\_\_\_

First Reconciliation    Yes    No                      \_\_\_\_\_

First Holy Communion    Yes    No                      \_\_\_\_\_

Confirmation              Yes    No                      \_\_\_\_\_

**Previous Religious Ed Completed:** \_\_\_\_\_

**Any allergies we should know about?** \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES!**

**Check required sessions below:**

**\_\_\_\_ Grades K-5 Weekly Options (Check day and time below):**

Sundays                      9:00 AM - 10:15 AM    \_\_\_\_\_

Wednesdays              4:45 PM - 6:00 PM    \_\_\_\_\_

Wednesdays              6:15 PM - 7:30 PM    \_\_\_\_\_

Family Faith Sundays    \_\_\_\_\_    Family Faith Wednesdays    \_\_\_\_\_

**\_\_\_\_ Grades 6-8 Weekly Edge Options (Check day and time below):**

Wednesdays              6:15 PM - 7:30 PM    \_\_\_\_\_

**TEEN PHONE / EMAIL** \_\_\_\_\_

**\_\_\_\_ Grades 9-12 Life Teen Youth Ministry**

Sundays from 5:00 PM Mass                      **TEEN T-SHIRT SIZE** \_\_\_\_\_

**TEEN PHONE / EMAIL** \_\_\_\_\_

\_\_\_\_ RCIA (adapted for youth) \*\*\* see supplemental forms

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