

St. Thomas Aquinas Catholic Church Faith Formation Registration Form 2018-2019 (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 2019.

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:

(Office Use: # of children x tuition)

x \$ = \$

x \$ = \$

Total tuition due: \$

Amount Paid: \$

Cash _____ Ck# _____

(\$250.00 max total tuition per family - additional retreat fees may apply)

Signature of Parent / Guardian _____ Printed Name _____ Date _____

Please complete both sides



Student Information (Please Print and fill out completely!)

First Child: LAST Name _____ FIRST Name _____

Birth Date ____ / ____ / ____ Age as of 9/01/18 ____ Grade (Fall '18) _____

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? _____

Check required sessions below:

____ **Grades K-6 Weekly Options (Check day and time below):**

Sundays 9:00 AM - 10:15 AM ____

Wednesdays 5:15 PM - 6:30 PM ____

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

Wednesdays 5:15 PM - 6:30 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

2nd Child: LAST Name _____ FIRST Name _____

Birth Date ____ / ____ / ____ Age as of 9/01/18 ____ Grade (Fall '18) _____

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? _____

Check required sessions below:

____ **Grades K-6 Weekly Options (Check day and time below):**

Sundays 9:00 AM - 10:15 AM ____

Wednesdays 5:15 PM - 6:30 PM ____

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

Wednesdays 5:15 PM - 6:30 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

3rd Child: LAST Name _____ FIRST Name _____

Birth Date ____ / ____ / ____ Age as of 9/01/18 ____ Grade (Fall '18) _____

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? _____

Check required sessions below:

____ **Grades K-6 Weekly Options (Check day and time below):**

Sundays 9:00 AM - 10:15 AM ____

Wednesdays 5:15 PM - 6:30 PM ____

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

Wednesdays 5:15 PM - 6:30 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