Middle School & High School (Grades 6-12) Religious Education Registration Form

2017-2018

Family Information	1: Family Last name		
Mother's Name:	home #:	Cell #:	work:
Father's Name:	home #:	Cell #:	work:
Address:		City,	State Zip
E-mail address:			
Both Parents Catholic? Y I	N Emergency Contact:		phone #
message to the number 81010 .	In the body of the text, type	the code: @9b2ca	ather? Sign up by sending a text
CLASS TIMES: Middle School Edge You High School: Once a m	outh Program: Wednesdays 6	:00 to 7:30 pm 0 pm; other weeks small 8. time TBA	groups/short courses/YDisciple
Student Information			
First Name:	Last Name:	Age: Birth	date:Grade:
•	d has made his/her sacraments eck: O Baptism O Fir		(grade In fall 2017) rst Communion O Confirmation
Please list anything tha	it we need to be aware of: (me	edical, allergies, learning d	isabilities, physical disabilities)
**LIST	ADDITIONAL CHILDREN	ON BACK	-
Registration Fees:	for the entire year.		
Early Bird Discount (on	* *	• • •	65 max for 3+ students
	egular Fee: (May 4 th & after): \$30 / per student, \$75 max for 3+ students in family acrament Fee (1 st Communion & Confirmation) \$20 (to help pay for materials)		
•	^k Tuition assistance is av		•
Small Group Leaders: Yo	our children attend for	free! The success of ti	his program is dependent upon
many volunteers. Please considerate secretary. The rewards are out			rent chaperone, set up crew or ere if interested in helping.
☐ Check here if you have chil Make checks payable to St. Thom		•	
Tuition due: \$			
MS/HS Youth Director: Rachel	Mark 692-8309	rachel	@stmbrookings.org

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First IN	ame:	Last Name:	Age:	_ Birth date:	_Grade:		
	Check here if your child has made his/her sacraments?		acraments?		(grade In fall 2017)		
	If so, please o	check: O Baptism	 First Reconciliation 	O First Communion	Confirmation		
Please list anything that we need to be aware of: (medical, allergies, learning disabilities, physical disabilities)							
irst N	ame:	Last Name:	Age:	_ Birth date:			
	Check here if your ch	ild has made his/her sa	acraments?		(grade In fall 2017)		
	If so, please check:	○ Baptism ○ F	irst Reconciliation O Fir	st Communion O Co	onfirmation		
	Please list anything th	nat we need to be awa	re of: (medical, allergies, le	arning disabilities, physica	ıl disabilities)		
First N	ame:	Last Name:	Age:	_ Birth date:			
	Check here if your ch	ild has made his/her sa	acraments?		(grade In fall 2017)		
	If so, please o	check: O Baptism	 First Reconciliation 	O First Communion	Confirmatio		
_	Please list anything tr	nat we need to be awa	re of: (medical, allergies, le	arning disabilities, physica	il disabilities)		
irst N	ame:	Last Name:	Age:	_ Birth date:	_Grade:		
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	If so, please o	check: O Baptism	 First Reconciliation 	O First Communion	Confirmation		
	Please list anything th	nat we need to be awa	re of: (medical, allergies, le	arning disabilities, physica	l disabilities)		
	= = = = = = = = = = = = = = = = = = = =		ons: (preschool, element	tary)			
	thecks payable to St. Tho						
	n due: \$ S Youth Director: Rache	Tuition Pd: \$ _ el Mark 692	Dat -8309	e: rachel@stmbrookings	 S.Org		
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