

Saint Thomas the Apostle Religious Education *Traditional Classroom & Catechesis of the Good Shepherd* Programs
REGISTRATION FORM

2018 - 2019
(Please Print)

Today's date:	Are you registering for Traditional Classroom? YES or NO Catechesis of the Good Shepherd Atrium? YES or NO
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FAMILY INFORMATION

Family last name:	Father:	Mother:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Street address:	E-Mail Address:			Home phone : ()	
P.O. box:	City:	ZIP Code	With whom do children reside?		
Preferred Mailing address:	Registered Parishioner: _____ yes _____ no			Non-Parishioner: Where registered:	
Father's cell phone:	Mother's cell phone:	Emergency contact & phone number:			

LIST OF STUDENTS (SPACE ON BACKSIDE FOR ADDITIONAL NAMES)

STUDENT NAME <small>(First & Middle; last name only if different)</small>	Birthdate	Grade Fall 2018	Attended Last Year	Medical/Allergies/Learning Challenge	Circle Sacraments Already Received Baptism Eucharist Recon Confrm
_____	_____	_____	Yes No	_____	
Name of School Student attends: _____					
_____	_____	_____	Yes No	_____	
Name of School Student attends: _____					

FOR OFFICE USE ONLY

Tuition Information:		
Parishioner fee: 1 student: \$ 65.00 2 students: \$ 90.00 3 or more students: \$ 150.00		
Non-Parishioner fee: \$100.00 each student		
Full tuition fee due at time of registration.		
<i>If you are in need of tuition assistance, please indicate the amount you are able To pay. \$ _____</i>		
Tuition Fee:	Tuition Paid:	Payment () check # () cash

LISTING OF ADDITIONAL CHILDREN

STUDENT NAME (First & Middle; last name only if different)	Birthdate	Grade <u>Fall 2018</u>	Attended Last Year	Medical/Allergies/Learning Challenge	Circle Sacraments Already Received Baptism Eucharist Recon Confrm
_____	_____	_____	Yes No	_____	

Name of School Student attends: _____

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