

2019/2020 Registration – St. Thomas the Apostle Religious Formation

31530 Beechwood, Garden City, MI 48135 (734) 425-5550

Please complete ALL sections

Father's Name:	Father's Religion:
Mother's Name: Maiden:	Mother's Religion:
Mailing address:	City ZIP
Cell Phone: Father	Cell Phone: Mother
Email: Father	Email: Mother
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Sep/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single Parent	With whom does the child reside:

NEW REGISTRANTS: IF YOUR CHILD WAS NOT BAPTIZED AT ST. DUNSTAN, ST. RAPHAEL OR ST. THOMAS WE WILL NEED A COPY OF THEIR BAPTISMAL CERTIFICATE ON FILE IN OUR OFFICE.

*****CHECK SACRAMENTS RECEIVED*****

Child's Name <small>(include last name if different)</small>	Date of Birth	School Attending	Grade (Fall 2019)	Grade in RF	Baptism	Church of Baptism (City, State)	Penance	First Eucharist	Confirmation

RELIGIOUS FORMATION FEES: Checks payable to St. Thomas the Apostle

PLEASE NOTE: Tuition is due at the time of Registration unless special arrangements have been made with the Director.

EARLY REGISTRATION DISCOUNT – register before June 30 to receive a 10% tuition discount ****SEE REVERSE for additional discounted tuition opportunities**

\$100 for one student

\$135 for two students

\$165 for three or more

CONFIRMATION FEES: \$80

FIRST EUCHARIST PREP FEE \$25

(FOR OFFICE USE ONLY)

Tuition Fee	
First Euch. Fee	
Conf. Fee	
Total Fees due:	
Special notes:	

Payments	Date	Check #	Cash	Balance

PLEASE SEE REVERSE

CONSENT FORM AND EMERGENCY INFORMATION

As the parent/guardian of the child(ren) named on the reverse side, permission is hereby given for my child(ren) to participate in the Religious Formation Program and in any activities sponsored by St. Thomas the Apostle Parish in Garden City, Michigan.

I recognize that engaging in the activities at St. Thomas the Apostle may expose my child to the possibility of physical injury, and I assume full responsibility for any of these risks. I hereby release and agree to hold St. Thomas the Apostle Parish, the Archdiocese of Detroit and its Archbishop, and their employees, organizers, subsidiaries, and any volunteers assisting in the program, from any and all liability and claims arising out of my child's participation in programs and related activities.

In the event my child should require medical treatment, I also give permission for such medical treatment to be secured at my cost.

I recognize that my child's participation in the activities of St. Thomas the Apostle Parish will be governed by such rules and regulations as established by the St. Thomas Religious Formation Program.

I understand that my child's photograph may be taken during activities. Those photographs may be used on our website, in the church bulletin, or posted on the boards in the Gathering Space.

Signature: _____ Date _____

EMERGENCY INFORMATION

PLEASE LIST ALLERGIES OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF _____

Please list the names of two people (friend or relative) who would assume custodial care in the event of an emergency if we are unable to reach you.

Name _____ Phone _____

Name _____ Phone _____

INSURANCE INFORMATION

Health Insurance Carrier _____ Policy Number _____

I WOULD LIKE TO VOLUNTEER IN THE RELIGIOUS FORMATION PROGRAM (Please check all that apply)

NOTE: *discounted tuition is offered to those who volunteer***

<input type="checkbox"/>	Catechist	<input type="checkbox"/>	Office Assistant	<input type="checkbox"/>	Catechist Substitute
<input type="checkbox"/>	Catechist Assistant	<input type="checkbox"/>	Hall Monitor	<input type="checkbox"/>	Ministries Center