

ST. THOMAS MORE SCHOOL OF RELIGION REGISTRATION FORM

Date (mm/dd/yy): _____

FAMILY LAST NAME: _____

Email _____

Street Address _____

Home phone _____

City/Zip Code _____

Cell Phones _____

Father's First Name _____

Work Phone _____

Mother's First Name _____

Work Phone _____

Children live with (check one) Parents _____ Mother _____ Father _____ Other _____

CHILD(REN) NAME	BIRTH DATE (mm/dd/yy)	GRADE 2011-12	ALLERGIES PLEASE LIST (peanut, wheat, etc)

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

First name (Goes by)	Baptism Date (mm/dd/yy)	Church Name	Penance Reconciliation (mm/dd/yy)	First Communion (mm/dd/yy)	Confirmation (mm/dd/yy)

WE NEED YOUR HELP TO PROVIDE A GOOD RELIGIOUS EDUCATION PROGRAM FOR YOUR CHILD(REN)
PLEASE CHECK YOUR AREA(S) OF INTEREST. Catechist _____ Substitute _____ Aide _____

Amt Pd _____

Check # _____

Cash _____