

**Date Due:  
Sun., Sept. 9**

Catholic Churches of

Ss. Peter and Paul | St. Thomas the Apostle

**GRADES PREK (AGE 4) - CONFIRMATION**

**2018-2019 FAITH FORMATION REGISTRATION FORM**

(Public, Private, and Home-Schooled Children)

**\*\*Must be Registered Parishioners of Ss. Peter and Paul or St. Thomas the Apostle\*\***

**Names of Parents or Guardians:**

\_\_\_\_\_  
(Mother's Last Name) (First) (Religion)

\_\_\_\_\_  
(Father's Last Name) (First) (Religion)

**Parishioners of:** *(circle one)* **Ss. Peter and Paul** **St. Thomas the Apostle**

**Address:**

\_\_\_\_\_  
(House number) (Street) (City) (Zip)

**Main Phone No.:** \_\_\_\_\_ **Email:** **(IMPORTANT)** \_\_\_\_\_

**Cell Phones:** (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

**Children Live with:** *(circle one)* **Mom** **Dad** **Both Parents** **Guardian**

**School Children Attend:** \_\_\_\_\_

**STUDENT ENROLLMENT INFORMATION**

**PreK (Age 4) - Confirmation**

Student Name(s)			Birth	Sacraments Received <i>(please circle)</i>					
First	Middle	Last	M/F	Date	Grade	Baptism	Reconciliation	Eucharist	
_____	_____	_____	_____	_____	_____	Yes No	Yes No	Yes No	Yes No
_____	_____	_____	_____	_____	_____	Yes No	Yes No	Yes No	Yes No
_____	_____	_____	_____	_____	_____	Yes No	Yes No	Yes No	Yes No
_____	_____	_____	_____	_____	_____	Yes No	Yes No	Yes No	Yes No

If registering for Confirmation, please circle which year they are in: **Year 1** **Year 2**

If your child is preparing to receive a sacrament this year, were they baptized at Ss. Peter & Paul or St. Thomas the Apostle? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF CHECKED "YES"**, which parish? \_\_\_\_\_ Ss. Peter & Paul \_\_\_\_\_ St. Thomas the Apostle

**IF CHECKED "NO"**, please attach a copy of your student's Baptismal Certificate to this registration form.

**WEDNESDAY NIGHT**

**FAITH FORMATION SCHEDULE**

**PreK – Confirmation** *(Classes begin Wednesday, September 26<sup>th</sup>)*

Dinner/Social .....5:30-6:10 p.m.

PreK – Confirmation Faith Formation .....6:15-7:30 p.m.

**Over** 

# I. Student Medical Information

Please indicate if the student(s) has any ALLERGIES or special needs (ADHD, special medications, etc.)

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency, I give permission to transport my child(ren) to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, **if you are unable to reach me** at the above numbers, *Contact:*

\_\_\_\_\_ (Name) \_\_\_\_\_ (Phone number)

Family Health Plan Name and carrier number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

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## Tuition

- Registration forms returned by September 9th .....\$70 / child
- Maximum family fee (registered by September 9th) .....\$200 / family
- **Registration forms returned after September 9<sup>th</sup> - Add .....\$15 / child**

### Tuition Payment:

- Checks should be made payable to SS. PETER & PAUL or ST. THOMAS THE APOSTLE **and attached to this registration form.**
- If you are in need of financial assistance, please do not hesitate to contact Brook Sullivan at 763-420-2385 / [bsullivan@saintsppta.org](mailto:bsullivan@saintsppta.org).

I, \_\_\_\_\_, grant permission for my child(ren) who is/are named above to participate  
(Parent or guardian's name printed)

in the Religious Education Program at St. Thomas the Apostle Church. In consideration of my child(ren)'s participation, I agree to indemnify the parish and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the parish and Archdiocese of St. Paul & Minneapolis by myself, my child(ren) or others that arise out of any behavior by my child(ren) in the classes and activities included in this program. I also agree to pay reasonable attorney's fees or expenses incurred by the parish and the Archdiocese in defense of such a claim/law suit.

Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

- \* If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the parish office to receive a version of this form that does not include the previous clause; however, some events/ activities may require this clause.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date