

# The Roman Catholic Parish of Saint Thomas at Aquin

53 Kennedy Avenue, Ogdensburg, New Jersey 07439 Phone: 973-827-3190

## RELIGIOUS EDUCATION REGISTRATION, Grades K - 8

### STUDENT INFORMATION

NAME:	Last	First	M.I.	Sex (M/ F)	Date of Birth	Grade (9/2017)	School	Allergies/Special Needs
1.					/ /			
2.					/ /			
3.					/ /			

**Check all Sacraments Received:**

- |                                     |  |  |
|-------------------------------------|--|--|
| 1. <input type="checkbox"/> Baptism | <input type="checkbox"/> First Reconciliation (Confession) | <input type="checkbox"/> First Eucharist (Communion) |
| 2. <input type="checkbox"/> Baptism | <input type="checkbox"/> First Reconciliation (Confession) | <input type="checkbox"/> First Eucharist (Communion) |
| 3. <input type="checkbox"/> Baptism | <input type="checkbox"/> First Reconciliation (Confession) | <input type="checkbox"/> First Eucharist (Communion) |

**NOTE:** If a child was baptized or received any sacraments outside of Saint Thomas of Aquin Parish and you have not already supplied us with a copy of this information, you will need to submit a copy for our files.

### PARENT/ GUARDIAN INFORMATION

	MOTHER	FATHER	GUARDIAN
<b>Last Name</b>			
<b>First name</b>			
<b>Home Address</b>	Street: City: Zip:	Street: City: Zip:	Street: City: Zip:
<b>Home Phone</b>			
<b>Cell or work phone</b>	Cell: _____ Work: _____	Cell: _____ Work: _____	Cell: _____ Work: _____
<b>Preferred E-Mail Address</b>			
<b>Religion:</b>	Catholic (Y/N) Other: _____	Catholic (Y/N) Other: _____	Catholic (Y/N) Other: _____
<b>Parents:</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single parent <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed                        → <b>Father living (Yes/ No)</b> <b>Mother Living (Yes/ No)</b>		
<b>Student lives with:</b>	<input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		

**EMERGENCY CONTACT:**

Name:	Home Phone:	Cell Phone:	Relationship to student:
<i>I authorize the DRE or her delegate to secure emergency medical help for my children named above in case of an emergency.</i>			
Parent Signature: _____		Date: _____	

**REGISTRATION FEES ARE AS FOLLOWS:**

	1 <sup>ST</sup> CHILD	2 <sup>ND</sup> CHILD	3 <sup>RD</sup> CHILD OR MORE
<b>FEES:</b>	<b>\$95</b>	<b>\$70</b>	<b>\$60</b>
2 <sup>nd</sup> Grade fee	Add \$50 per child (retreats and banner)		

**COMMITMENT TO THE PROGRAM:**

As a parent, I understand that attendance at Sunday Mass is an essential part of our Catholic life. It is also the most important means to grow in our faith. Therefore, I understand that it is a serious commitment to be part of the Religious Education program and to participate at Sunday Mass. Failure to keep this commitment, will affect my child(ren)'s preparation for the Sacraments, and may result in a postponement of the reception of the Sacraments.

Parent/ Guardian Signature: _____	Date: _____
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There might be times when pictures, videos, or articles may be used to report on the Religious Education Program activities. We need your permission to have your child's name published or photo taken. Photos, videos, articles, or any other visual or audio reproduction in which your child(ren) may appear may also be used on our parish website and/or Diocesan publications to share the activities happening in the classroom.

I give permission for my child(ren) to have their name/ photo published for Religious Education Program activities.     YES     NO

Parent/ Guardian Signature: _____	Date: _____
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**-----FOR OFFICE USE ONLY-----**

Date registered: _____	Paid: (Y / N)	Payment: Cash _____	Check _____	Check # _____	Amt: \$ _____	# of Children Registered: _____
Baptismal Certificate Submitted: ( __Y / __N)	First Eucharist Certificate Submitted: ( __Y / __N)	If apply, upper Grades First Eucharist Class: ( __Y / __N)				