**2021/2022 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: \_\_\_Married\_\_\_Sep/Divorced\_\_\_Widowed\_\_\_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****(include last name if different)** | **Date of Birth** | **School Attending** | **Grade****(Fall 2021)** | **Grade****in RF** | **Baptism** | **Church of Baptism (include City, State)** | **Penance** | **First****Eucharist** |
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 **(** *FOR OFFICE USE ONLY* ***)***

***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: $40**

**FIRST EUCHARIST PREP FEE $25**

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

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| --- | --- | --- | --- | --- |
| **Payments** | **Date** | **Check #** | **Cash** | **Balance** |
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 ***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***

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| --- | --- | --- | --- | --- | --- |
|  | Catechist |  | Office Assistant |  | Catechist Substitute |
|  | Catechist Assistant |  | Hall Monitor |  | Ministries Center |