2024/2025 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:MarriedSep/DivorcedWidowedSingle 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 2024)	Grade in RF	Baptism	Church of Baptism (include City, State)	Penance	First Eucharist
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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 discount (\$10 per student) **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

(FOR OFFICE USE ONLY)

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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 INFOR	R <u>MATION</u> GIES, MEDICAL CONDITIONS OR SPECIA	L NEEDS THAT WE SHOULD BE AWARE	DF				
Please list the name	es of two people (friend or relative) wh	o would assume custodial care in the e	vent of an emergency if we are unable to reach yo	ou.			
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INSURANCE INFORT							
Health Insurance C	arrier	Policy Number					
I WOULD LIKE		OUS FORMATION PROGRAM (
NOTE: **aiscoun	Catechist	Office Assistant	Catechist Substitute				
Magrico California Europe California	Catechist Assistant	Hall Monitor	Ministries Center				