

2017-2018
St. Thomas the Apostle
Religious Education Registration Form
Complete for Preschool through 12th grade

Parent Name(s): _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone #: _____ **Cell phone #:** _____

E-mail Address: _____

E-mail Address: _____

Student's Name (First Middle Last) **Birth Date** _____ **Grade** _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Baptized at St. Thomas?: YES _____ NO _____

If "NO", please submit baptismal certificate to office by September 30

Emergency Contact Name & Phone #: _____

Comments/Additional Information/Food Allergy: