

St. Thomas More Parish
Religious Education Registration
386 Luther Ave., Somerset, MA 02726
2017 – 2018

Family Last Name: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Mother's Maiden Name: _____ Email: _____

Custodial Parent, if different from above: _____

Home Address: _____ Both Parents Catholic? Y ___ N ___

City/Town: _____ State: _____ Zip Code: _____

Emergency Contact (other than parents): _____

Emergency Phone Number: _____

Student Name: _____ Birth Date: ___/___/___ Gender: M / F
School: _____ Grade: (in Sep 2017) _____

Student Name: _____ Birth Date: ___/___/___ Gender: M / F
School: _____ Grade: (in Sep 2017) _____

Student Name: _____ Birth Date: ___/___/___ Gender: M / F
School: _____ Grade: (in Sep 2017) _____

For all NEW and GRADE ONE students, please fill out the information below:

Has Your Child Received the Following Sacraments:

Baptism: Church: _____ Location _____ Date: _____

Reconciliation: Church: _____ Location _____ Date: _____

Holy Eucharist: Church: _____ Location _____ Date: _____

Please attach Baptismal Certificate if your child was not baptized here at St. Thomas More Parish

** If your child has any allergies/medical condition, list below. **

** If your child has any special needs, learning disabilities or physical disabilities, please inform the office. **

(This information is confidential)

Fees: 1 child \$50.00 _____ 2 children \$75.00 _____ 3 or more children \$ 95.00 _____

I would like to be of service in the Religious Education Program as a:

Teacher ___ Teacher's Aide ___ Substitute Teacher ___ Teen Assistant ___ Office Aide ___

PARENT/GUARDIAN SIGNATURE: _____ DATE: ___/___/___

OFFICE USE ONLY:

Date Received _____
Payment Enclosed _____

Received By _____
Check Number _____ Cash _____