

RELIGIOUS FORMATION PROGRAM

2008-2009 REGISTRATION

FATHER _____

MOTHER _____

MAILING ADDRESS _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

CITY, ZIP, STATE _____

HOME PHONE _____ CELL PHONE _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT PERSON _____

RELATIONSHIP TO STUDENT _____ PHONE _____

FAMILY DOCTOR _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

_____ Wednesday 4:30 – 6:00 p.m. OR _____ Thursday 4:30 – 6:00 p.m.

STUDENT NAME (FIRST & LAST)	SEX	DATE OF BIRTH	GRADE 2008/09	PARISH OF BAPTISM	✓ SACRAMENTS RECEIVED		
					Reconciliation	Com-munion	Confir-mation

FOR GRADES 2 – 8: DID YOUR CHILD ATTEND OUR PROGRAM LAST YEAR? _____

IF NO, WHERE DID YOUR CHILD ATTEND? _____

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS? _____ (If yes, please list on other side.)

I CAN HELP BY BEING A: *TEACHER* _____ *SUBSTITUTE* _____ *MONITOR* _____

STM PARISHIONER: *YES* *NO*

STM PARISHIONERS: _____

NON-PARISHIONERS: _____

GRADES K-8 : \$80.00/STUDENT
 \$25.00/ADDITIONAL STUDENT

GRADES K-8 \$155.00/STUDENT
 \$ 55.00/ADDITIONAL STUDENT

\$10.00 Late Fee After July 1

Office Use: Tuition \$ _____

\$25.00 deposit per family due with registration
(deposit applied toward tuition)

Deposit paid \$ _____

Balance due \$ _____

Make checks payable to: St. Thomas More Church
8501 Calumet Avenue
Munster, IN 46321

Date: _____

Check #: _____