

RELIGIOUS FORMATION PROGRAM 2009 - 2010 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 2009/10	PARISH OF BAPTISM	✓ SACRAMENTS RECEIVED		
					Recon-ciliation	Com-munion	Confir-mation

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

IF NO, WHERE DID YOUR CHILD ATTEND? _____

SUBMIT A COPY OF A BAPTISM CERTIFICATION IF YOUR CHILD IS RECEIVING A SACMENT THIS YEAR.

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

Sacrament Fee: Confirmation \$25.00
1 Holy Communion \$5.00
\$25.00 deposit per family due with registration
(deposit applied toward tuition)

Office Use: Tuition \$ _____
Sacrament Fee \$ _____
Deposit \$ _____
Balance Due \$ _____
Date _____
Check #: _____

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

