



Para Español contacte Lorianne Aubut al (608)833-2606.

ST. THOMAS AQUINAS CATHOLIC PARISH

602 EVERGLADE DRIVE ♦ MADISON ♦ WISCONSIN ♦ 53717 ♦ (608)833-2606

Religious Education Registration 2017-2018

Registration Deadline is September 5, 2017.

FOR OFFICE USE

Date Received: _____

Amount \$ _____

Check # _____

Please Print

		FATHER Last Name, First		MOTHER (List only the information that is not the same as father's)	
Parent/Guardian:					
Address:					
City/Zip:					
Home/Cell Phone:		H:	C:	H:	C:
Email Address:					

Include **LAST NAME** of child if different from either parent's name.

Pre-K* Liturgy of the Word Sundays 10:00 AM Mass		DATE OF BIRTH MO/DAY/YR	Pre-K Liturgy of the Word Fee	Additional \$75 per Child Sacramental Fee First Reconciliation/Eucharist Confirmation <input type="checkbox"/> Scholarship Needed Check here if financial assistance is needed for Fees
STUDENT'S NAME	AGE (P3,P4,K)		Catechesis of the Good Shepherd \$60 per Child	
			Religious Education Fees 1 st Child \$115/\$90** 2 nd Child \$85.00 Additional Child \$80.00	

*Must be 3-5 years old as of 9/1/17.

** \$25 Discount if **REGISTRATION FORM** is received **by Sept. 5th.**

CATECHESIS OF THE GOOD SHEPHERD (AGES 3-5) Wednesdays 6:00-7:15 PM				
STUDENT'S NAME	AGE	DATE OF BIRTH MO/DAY/YR		

ELEMENTARY SCHOOL (GRADES 1-5) Wednesdays 6:00-7:15 PM			Sacraments <u>Received</u> Please Check			
STUDENT'S NAME	GRADE	SCHOOL ATTENDING	Baptism	Reconciliation	Eucharist	Confirmation

MIDDLE SCHOOL (GRADES 6-8) Sundays 11:15 AM - 12:45 PM			Sacraments <u>Received</u> Please Check			
STUDENT'S NAME	GRADE	SCHOOL ATTENDING	Baptism	Reconciliation	Eucharist	Confirmation

HIGH SCHOOL (GRADE 9) Sundays 11:15 AM - 12:45 PM			Sacraments <u>Received</u> Please Check			
STUDENT'S NAME	GRADE	SCHOOL ATTENDING	Baptism	Reconciliation	Eucharist	Confirmation

(OVER)

AUTHORIZATION FOR MEDICAL TREATMENT

As the parent and/or legal guardian, I do hereby authorize medical treatment for each of the following minor children in the event of a medical emergency. **(Please indicate EACH child's full name):**

 This Authorization shall be valid for a period of one year from the date of this signature. A photocopy of this Authorization shall be as valid as the original.

Signature of Parent or Guardian _____

_____ Date

Another person to contact in case of emergency:

Name/Relationship: _____ Phone: _____

Photo permission

St. Thomas Aquinas has my permission to photograph my child(ren). YES NO

Enrollment Packet

How would you like to receive RE information this year? Hard Copy Email

Medical information we should be aware of: (allergies, diabetes, medications, etc.)

Name(s): _____
 Comments: _____
 Treatment: _____

Special learning needs we should be aware of:

Name(s): _____
 Comments: _____
 Treatment: _____

VOLUNTEER OPPORTUNITIES				
Please Check ALL Areas of Interest				
	Pre-K	ELEMENTARY	MIDDLE	HIGH SCHOOL
	Liturgy of the Word	SCHOOL	SCHOOL	
	SUNDAY	WEDNESDAY	SUNDAY	SUNDAY
	10:00AM	6:00-7:15PM	11:15AM-12:45PM	11:15AM-12:45PM
Group Facilitators [®]				
Parking Lot Monitor				

Safe Environment Required for all Volunteer positions: Background Check, Receipt & Agreement, Virtus

NAME OF VOLUNTEER: _____ **PHONE #** _____

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