

ST. THOMAS THE APOSTLE RELIGIOUS EDUCATION REGISTRATION FORM
50 Byrd Avenue, Bloomfield, N J. 07003
973-338-7400
2010-2011

Family Last Name _____ Father's First Name _____ Religion _____
 Mother's First Name _____ Maiden Name _____ Religion _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 Emergency Contact Name _____ Phone _____

Child's Last Name	First Name	Grade in Sept 2010	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY LIFESTYLE (Please check off one)
 Both parents living at home Divorced
 Divorced and remarried Widowed
 Separated Single Parent

COMMENTS: Learning Disabilities
Physical Handicaps: Allergies/Medical
Problems: Please note any special needs
or information that will enable us to
better serve your child.

 Signature of Parent/Guardian

FIRST TIME REGISTRATION ONLY - COMPLETE THE FOLLOWING;

Child's Name _____

BIRTH:	DATE ____/____/____	Church and Address
BAPTISM:	____/____/____	_____
1" Penance:	____/____/____	_____
1 st Communion:	____/____/____	_____

Attach Baptismal Certificate to Registration Form

Date of Registration _____ Registration Fee Payment _____

Office Information:

Date Received _____ Check# _____ Cash _____ Bapt Cert. _____
 Payment Received by _____ Amount Due _____

Registration Fees paid by May 31st

Registration Fees paid after May 31st

1 child.....\$ 115.00

1 child.....\$ 140.00

****Each additional child is \$70****