

ST. THOMAS THE APOSTLE RELIGIOUS EDUCATION REGISTRATION FORM
50 Byrd Avenue, Bloomfield, N J. 07003
973-338-7400
2017-2018

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 2017	School Attending	Summer/Fall
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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:	____/____/____	_____
1st Penance:	____/____/____	_____
1st 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.....\$ 195.00

1 child.....\$ 220.00

****Each additional child is \$90****