ST. THOMAS THE APOSTLE RELIGIOUS EDUCATION ENROLLMENT CARD

Year:

Student Name: _____
(Last) (First) (Middle)
Address: _____ City, St, Zip: _____

Phone #: _____ Email: _____

Cell Phone: _____

Birthday: _____ School: _____ Grade: _____

Parent/Guardian Information
Father: _____ Religion: _____
Mother: _____ Religion: _____
Mother's Maiden Name: _____
Marital Status: _____
Address if different from student (please explain): _____

Sacramental Information (We must have complete information, church & location, date of sacrament)
Baptism: _____
Reconciliation: _____
First Communion: _____
Confirmation: _____

Health Information
Family Doctor: _____ Phone #: _____

List any special medical needs or learning strategies your child has:

Allergies:

In the event of an emergency, I hereby give permission to transport my child to a hospital for medical or surgical treatment. I wish to be advised before treatment by the hospital or doctor. In the event of an emergency, if you are not able to reach me at the numbers listed, contact:

_____
(Name, relationship, phone number)

Office use Registration Fee: _____ Sacrament Fee: _____
Payments: _____