

**ST. THOMAS CATHOLIC CHURCH**

**6 Green Street, PO Box 3**

**Underhill Center, Vermont 05490**

Pastor: Rev. Christopher Micale

Parish Office: 802-899-4632 Email: office@stthomasvt.com

Coordinator of Religious Education: Laura Lynch Wells

Religious Education Office: 802-899-4770 Email: rel.ed@stthomasvt.com

**2018-2019 Religious Education Registration**

CURRENT PARISH: \_\_\_\_\_ PARISH TOWN: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Maiden \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Both Parents Catholic? Yes/ No

**Custody issues?** Yes/ No If yes, who may pick up your child? \_\_\_\_\_

Custodial Parent if different than above: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Registering for:

1. Child's Name: \_\_\_\_\_ Previously registered? Yes/ No Grade: \_\_\_\_\_

School attending? \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Previously registered? Yes/ No Grade: \_\_\_\_\_

School attending? \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Previously registered? Yes/ No Grade: \_\_\_\_\_

School attending? \_\_\_\_\_

4. Child's Name: \_\_\_\_\_ Previously registered? Yes/ No Grade: \_\_\_\_\_

School attending? \_\_\_\_\_

**If entering Kindergarten, Grade 9, or new to the program:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: MM\_\_\_\_/DD\_\_\_\_/YYYY\_\_\_\_ Sex: M/ F Grade: \_\_\_\_\_

**Sacramental Information:**

**Church of Baptism:** \_\_\_\_\_ Catholic: Yes/ No

Church Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Date of Baptism: MM\_\_\_\_/DD\_\_\_\_/YYYY\_\_\_\_ *Attach copy of Baptismal Certificate from Church of Baptism*

**Registration Fee: \$40 (1 child); \$70 (2 children); or \$90 per family.**

Make checks payable to: St. Thomas Church and include payment with registration form.

(No child will be denied for inability to pay.)

*(For office use only)*

Date received: \_\_\_\_\_ Amount received: \_\_\_\_\_ Cash/Check # \_\_\_\_\_