ST. THOMAS the APOSTLE

Faith Formation Registration Form

Welcome to the _____ Household! Date: _____
(family/household name)

Family contact info: Street _____

City/Zip_____ Home phone: _____

Mobile phone 1:_____Mobile phone 2: _____

Email address (required):_____

Family members *(at least one adult must register for GOLF)*:

ADULTS (please circle "YES" if attending GOLF sessions):

YES No Full Name/Relationship: _____
Maiden name (if applicable):_____

YES No Full Name/Relationship: _____
Maiden name (if applicable):_____

TEENS/CHILDREN:

Full Name: _____ Birthdate:_____

Grade level ____ Baptism date _____ Baptism place: _____

Full Name: _____ Birthdate:_____

Grade level ____ Baptism date _____ Baptism place: _____

Full Name: _____ Birthdate:_____

Grade level ____ Baptism date _____ Baptism place: _____

Full Name: _____ Birthdate:_____

Grade level ____ Baptism date _____ Baptism place: _____

Please list allergies or special needs of family members (with names): _____

_____

Emergency contact info (other than adult listed above):

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Our family chooses this session to attend GOLF *(please check all that apply):*

☐ Session **A** (Sunday Evening) ☐ Session **B** (Monday Evening) ☐ Session **C** Middle School Mondays

☐ Session **D** Seedlings ☐ Session **E** First Holy Communion

Please Initial_____ I/We understand that I, my chid(ren) and other family members may be photographed and may appear in, but not limited to, the St. Thomas website, bulletin or other parish outlet; Archdiocesan outlets; local newspapers or TV stations.