

**St. Thomas the Apostle Parish
Religious Education Registration Form**

Student(s) Name:

1. _____ Grade: _____ DOB: _____
2. _____ Grade: _____ DOB: _____
3. _____ Grade: _____ DOB: _____

Parent's Name:

Mother: _____ cell phone #: _____

Father: _____ cell phone #: _____

Family Email Address: _____

Home Address: _____

Are you currently registered at St. Thomas Church? _____

Payment:

One child: \$80.00

Family: \$140.00

Cash/check: _____

CLASSES BEGIN ON MONDAY, SEPTEMBER 18TH AT 4:30PM