

Registration Form 2025-2026

St. Thomas the Apostle Catholic Community

Creating Catholic Disciples



Please Print:

| | | | |
|-------------|--------|--------|-------------|
| Family Name | Father | Mother | Maiden Name |
|-------------|--------|--------|-------------|

| | | |
|---------|------|----------|
| Address | City | Zip Code |
|---------|------|----------|

| | | |
|---------------------|---------------------|-------|
| Father's Cell Phone | Mother's Cell Phone | Email |
|---------------------|---------------------|-------|

| | | | |
|----------------------------|------|-------|----------|
| Church of Membership _____ | City | State | Zip Code |
|----------------------------|------|-------|----------|

***All First Grade Students and those not baptized at St. Thomas the Apostle, please attach a copy of your Baptism Certificate.**

- | | | | | |
|----|--------------------|-----------|--------------|-------|
| 1. | Child's Birth Name | Birthdate | Baptism Date | Grade |
| 2. | Child's Birth Name | Birthdate | Baptism Date | Grade |
| 3. | Child's Birth Name | Birthdate | Baptism Date | Grade |
| 4. | Child's Birth Name | Birthdate | Baptism Date | Grade |
| 5. | Child's Birth Name | Birthdate | Baptism Date | Grade |

*Does your child/ren have any special needs:
Dietary (allergies), Medical, Learning challenges?

Additional Siblings at home:

Name _____ Age _____

Name _____ Age _____

Tuition

One Child: \$75 _____

Two Children: \$85

Three Children: \$95

Four or more Children: \$100

Sacramental Fees:

First Communion: \$35 (2nd Grade) _____

Confirmation: \$35 (12th Grade)

Out of Parish Fee

\$25 per/child

Total= _____



Office use only

Tuition Due _____ Amount Pd. _____ Ck# _____ Date _____

Sacrament Fee _____ Amount Pd. _____ Ck# _____ Date _____

Total _____ Amount pd. _____ Ck# _____ Date _____

RELEASE STATEMENT

I hereby grant permission for my child(ren) to be photographed and/or videotaped during ministry activities and events. I understand that my child(ren) may decline to be photographed and/or recorded at any time. I further grant permission for the resulting photographs and/or video footage to be edited, if necessary, and published and/or broadcast for the purposes of promoting ministry and /or youth programs at St. Thomas the Apostle Catholic Community.

Permission Granted _____ Yes, I grant permission as stated above.
_____ No, my child may not be photographed or videotaped
under any circumstances.

Parent Signature _____

Date _____