

St. Thomas Aquinas
FAITH FORMATION REGISTRATION FORM
2017/2018

Please Print Clearly

Please check all that apply: We are registered members of STA Parish. We are a new family. We are a returning family.

FAMILY NAME: _____ HOME PHONE: _____
 (This name will be used to notify your family via mail.)

Mailing Address: _____ City/State: _____ Zip code: _____

Father: _____ Cell Phone: _____ Work Phone (if allowed): _____

E-mail address: _____

Mailing Address (if different): _____ City/State: _____ Zip code: _____

Mother: _____ Cell Phone: _____ Work Phone (if allowed): _____
 First Last name

E-mail address: _____

Mailing Address (if different): _____ City/State: _____ Zip code: _____

Religion: Father: _____ Mother: _____ **CHILDREN LIVE WITH:** Parents / Father / Mother / Shared / Other: _____

Faith Formation Student Information for Grades 1-11

If your child is new to the St. Thomas Aquinas parish and faith formation program, please send a copy of their Baptismal certificate with this form.

RETURNING STUDENTS:	
Name: _____	Grade 2017/2018 _____
Name: _____	Grade 2017/2018 _____
Name: _____	Grade 2017/2018 _____

NEW STUDENT:	
Is this the 1 st year of Faith Formation for this student? (Catholic school counts) Yes No Is this student new to STA Faith Formation Program? Yes No	
First Name: _____	Last Name: _____ M/F _____ Birthday: _____ Grade in 2017/2018: _____
Please list the year the student received the following sacraments: Baptism: _____ Eucharist: _____ Reconciliation: _____	

NEW STUDENT:	
Is this the 1 st year of Faith Formation for this student? (Catholic School counts) Yes No Is this student new to STA Faith Formation Program? Yes No	
First Name: _____	Last Name: _____ M/F _____ Birthday: _____ Grade in 2017/2018: _____
Please list the year the student received the following sacraments: Baptism: _____ Eucharist: _____ Reconciliation: _____	

NEW STUDENT:	
Is this the 1 st year of Faith Formation for this student? (Catholic School Counts) Yes No Is this student new to STA Faith Formation Program? Yes No	
First Name: _____	Last Name: _____ M/F _____ Birthday: _____ Grade in 2017/2018: _____
Please list the year the student received the following sacraments: Baptism: _____ Eucharist: _____ Reconciliation: _____	

Please list any special learning needs per student (including hearing or sight problems): _____

I have read the attendance and behavior policies enclosed and understand these policies. I will do my best to encourage my children to participate fully as to gain the most from the program. _____

Please list any medical conditions per student (severe allergies, seizures, etc): _____

EMERGENCY CONTACT INFO:

Name of reliable person to contact in the event that parents cannot be reached:

Name: _____ Home Phone: _____ Cell Phone: _____ Relation: _____

REGISTRATION FEE SCHEDULE FOR 2017/2018

*** All previous fees must be paid in FULL before the new registration form will be accepted.

Tuition Assistance/Financial Aid is available upon request. Please contact the parish office for further information.

FEE BREAKDOWN BY GRADE LEVEL

*The fees listed below include all sacramental and retreat fees.

Please indicate the number of students in the proper blank.

_____ 1 st Graders	@ \$55 each	\$ _____
_____ 2 nd Graders/First Communion	@ \$75 each*	\$ _____
_____ 3 rd -5 th Graders	@ \$55 each	\$ _____
_____ 6 th -8 th Graders	@ \$55 each	\$ _____
_____ 9 th -10 th Graders	@ \$75 each*	\$ _____
_____ 11 th Graders/Confirmation	@ \$145 each*	\$ _____
	SUBTOTAL	\$ _____
	LESS Catechist Credit	\$ _____
	TOTAL Registrations Fees DUE	\$ _____
	Payment Enclosed	\$ _____
	Remaining Balance Due by September 20th	\$ _____

Take advantage of the early bird discount. Submit this form along with your full payment by August 24th and take advantage of the \$5.00 off per student discount.

(Payable to St. Thomas Aquinas)

For office use:

DEPOSIT ENCLOSED: \$ _____ CHECK #: _____ DATE: _____ BALANCE DUE: \$ _____

In order to be accepted into the program (new students), the Formation office *must* receive a copy of your student's baptismal certificate with registration.

If you have any questions, please contact us.

Lisa Gross, 1st -11th grade Faith Formation Director

Email sta.ff@frontier.com

Chris Holzmann Parish office: 876-2457

Email st.thomas.aquinas@frontier.com

MAIL OR DELIVER TO:

St. Thomas Aquinas

PO Box 396

94 North Lincoln Street

Elkhart Lake, WI 53020

Attention: Faith Formation