



St. Thomas More Catholic Church

Faith Formation Registration Form

1st – 12th Grade: Sunday Morning 9:00am-10:30am
 Pre-K & Kindergarten: Sunday Morning 10:45am-11:45am

Check here if you are a registered parishioner of St. Thomas More

Mother's Contact Information	Father's Contact Information
Name _____	Name _____
Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
Home _____ Cell _____	Home _____ Cell _____
Email _____	Email _____
If needed, may we contact you via text? <input type="checkbox"/> YES <input type="checkbox"/> NO	If needed, may we contact you via text? <input type="checkbox"/> YES <input type="checkbox"/> NO

Emergency Contact	
If there is an emergency and we cannot contact you, list the name of a family member or friend that we can call.	Name _____ Relationship _____ Home _____ Cell _____

Name (Child #1)	Birthday	Age	Grade	School Name	Food Allergies, Health Concerns, etc.	
1.		<i>Circle Current Age</i> 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	<i>Circle Current Year</i> PK K 1 2 3 4 5 6 7 8 9 10 11 12			
	SACRAMENTS RECEIVED (Child #1)	Baptism	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Eucharist	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Reconciliation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Confirmation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
Name (Child #2)	Birthday	Age	Grade	School Name	Food Allergies, Health Concerns, etc.	
2.		<i>Circle Current Age</i> 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	<i>Circle Current Year</i> PK K 1 2 3 4 5 6 7 8 9 10 11 12			
	SACRAMENTS RECEIVED (Child #2)	Baptism	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Eucharist	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Reconciliation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Confirmation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
Name (Child #3)	Birthday	Age	Grade	School Name	Food Allergies, Health Concerns, etc.	
3.		<i>Circle Current Age</i> 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	<i>Circle Current Year</i> PK K 1 2 3 4 5 6 7 8 9 10 11 12			
	SACRAMENTS RECEIVED (Child #3)	Baptism	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Eucharist	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Reconciliation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Confirmation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
Name (Child #4)	Birthday	Age	Grade	School Name	Food Allergies, Health Concerns, etc.	
4.		<i>Circle Current Age</i> 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	<i>Circle Current Year</i> PK K 1 2 3 4 5 6 7 8 9 10 11 12			
	SACRAMENTS RECEIVED (Child #4)	Baptism	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Eucharist	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Reconciliation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	
		Confirmation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Church Name & Address: _____	

