



Confirmation Class Registration Form

Child Information		
First Name:	Last Name:	
Address:		
City:	State:	ZIP Code:
Date of birth:	Sex:	Grade (This September):
School:		
Sacramental Record		
Date of Baptism:	Church of Baptism:	
City / State:	Denomination:	
* Please enclose a copy of the child's Baptismal certificate.		
Date of First Communion:	Church of First Communion:	
Parents Information		
Father's Name:		
Phone Home:	Cell:	Work:
Email:		
Mother's Name:		
Phone Home:	Cell:	Work:
Email:		

OTHER INFORMATIONS
<p>Would you like to be a volunteer on special occasions?</p> <p> <input type="checkbox"/> Yes, I can help as/at (please indicate): <input type="checkbox"/> No </p> <p> <input type="checkbox"/> Atrium Assistant <input type="checkbox"/> Retreat and Pilgrimage </p> <p> <input type="checkbox"/> Confirmation Celebration <input type="checkbox"/> Confirmation Reception </p>

Please continue on the other side

OTHER INFORMATIONS

Please list any special needs or restrictions your child has of which we should be aware (e.g. allergies, medical conditions, learning disabilities, etc.) Please enclose Doctor’s advice:

Participation and Fees

The fee for the Confirmation class is \$125.00 for the first child, \$75 for the second child, and \$50 for each additional child. Books and all other materials are provided without additional charge. Please make checks payable to *St. Thomas the Apostle Church*, and return your payment with your registration. Should the fee present a hardship, please speak with the parish office. No child will be denied participation in the program because of inability to pay. However, it is important that a parent speak to the parish office regarding the matter before classes begin.

Parent/Guardian Photograph Release

We are in need of photographs of children and teens participating in the St. Thomas the Apostle Parish events for the bulletin and website publications. Out of concern for the privacy of the children, we want to secure parental permission before publishing photographs of minors participating in the St. Thomas the Apostle Parish activities and events. Please note that we will not publish any personal information (e.g. name, grade level, etc.) about your child(ren). We will only feature a photograph of your child participating in the St. Thomas the Apostle Parish activities and events. We value your family’s participation in our activities and ask for your permission to include images of your child(ren) in our publications.

Permission

I understand, as a parent/legal guardian of the above-named child, that I am giving the St. Thomas the Apostle Parish permission to use a photograph of my child in its publications.

- Yes, I give permission to the St. Thomas the Apostle Parish.
- No, I do not give permission to the St. Thomas the Apostle Parish.

Parent/Guardian Statement

I/we request that my/our child be allowed to participate in the Religious Education Program at St. Thomas the Apostle Catholic Church. I hereby release and indemnify St. Thomas the Apostle Church, its staff, its volunteers, and the Catholic Bishop of Chicago, a corporation sole, of any liability arising from claims of any kind or nature whatsoever, while my child participates in this program. Further, as primary educator of my children, I take responsibility for their religious education by seeing to it that their attendance is regular and their behavior is appropriate.

Parent/Guardian Signature

Date

Office Use only

Tuition Due: \$ _____ Tuition Paid: \$ _____ Signature: _____ Date: _____