



St. Thomas the Apostle Faith Formation Registration Form 2022-2023

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| Family Name | |
| Mailing Address | |
| City, State Zip | |

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|------------------------------------------------------|-----------|--------------|-----------|
| Father's Name | | | |
| Phone Number | | | |
| Email Address | | | |
| Sacramental History (Please Check those Received) | | | |
| Baptism | Eucharist | Confirmation | Matrimony |
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|------------------------------------------------------|-----------|--------------|-----------|
| Mother's Name | | | |
| Phone Number | | | |
| Email Address | | | |
| Sacramental History (Please Check those Received) | | | |
| Baptism | Eucharist | Confirmation | Matrimony |
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|------------------------------------------------------|----------------|-----------|--------------|
| Child's Name | | | |
| Grade (2022-2023) | | | |
| School | | | |
| Date of Birth | | | |
| Allergies/Learning Needs | | | |
| Sacramental History (Please Check those Received) | | | |
| Baptism | Reconciliation | Eucharist | Confirmation |
| | | | |

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|------------------------------------------------------|----------------|-----------|--------------|
| Child's Name | | | |
| Grade (2022-2023) | | | |
| School | | | |
| Date of Birth | | | |
| Allergies/Learning Needs | | | |
| Sacramental History (Please Check those Received) | | | |
| Baptism | Reconciliation | Eucharist | Confirmation |
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| | | | |
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| Child's Name | | | |
| Grade (2022-2023) | | | |
| School | | | |
| Date of Birth | | | |
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| Child's Name | | | |
| Grade (2022-2023) | | | |
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| Sacramental History (Please Check those Received) | | | |
| Baptism | Reconciliation | Eucharist | Confirmation |
| | | | |

Photography Release

I hereby grant St. Thomas the Apostle Church, the Archdiocese of Chicago, its legal representatives and assigns, and those acting with St. Thomas the Apostle Church and/or the Archdiocese of Chicago's authority and permission, the absolute right and permission to copyright and use, re-use and publish, and republish photographic portraits of pictures of my child(ren), in which my child(ren) may be included in whole or in part, in conjunction with my child(ren)'s name, or reproductions thereof in color or otherwise made through any media, for purposes authorized by St. Thomas the Apostle Church. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith. I also release any and every legal claim that I may have now or in the future, arising from the use by St. Thomas the Apostle Church of any materials covered by this release. This includes any claim that might be in the nature of defamation or invasion of privacy, and I understand I cannot sue St. Thomas the Apostle Church and/or the Archdiocese of Chicago for how it uses the materials.

I hereby warrant that I am the authorized parent or legal guardian of the child(ren) identified on the above form and have every right to contract on the child(ren)'s behalf in the above regard. I state further that I have read the above authorization, release and agreement prior to its execution and that I am fully familiar with the contents thereof.

This release shall be in effect between August 1, 2022, and June 30, 2023.

Parent/Guardian Signature _____

Printed Name _____

Date _____

Emergency Health/Treatment Consent

In the event of an emergency, I, the undersigned parent/guardian of the child(ren) named on the above form, hereby give permission to St. Thomas the Apostle Church, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child(ren), as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

This release shall be in effect between August 1, 2022, and June 30, 2023.

Parent/Guardian Signature _____

Printed Name _____

Date _____

Parental Consent

The undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child(ren) listed above, agrees as follows:

1. To release, waive, discharge, and promise not to sue St. Thomas the Apostle Church, the Archdiocese of Chicago, a corporation sole, and its affiliated entities, employees, agents, and volunteers from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the minor child(ren), or to undersigned parent or guardian, whether caused by negligence or other conduct by the Archdiocese while the minor child(ren), parent, or guardian is participating in the specified activities or in, upon, or about the premises of St. Thomas the Apostle Church or any of its facilities or equipment.
2. To indemnify and hold harmless St. Thomas the Apostle Church and the Archdiocese of Chicago, from any loss, liability, damage, or cost it may incur due to the acts of the minor child(ren), parent, or guardian in, upon, or about the premises of St. Thomas the Apostle Church, its facilities or equipment, or while participating in any parish or diocesan activities whether caused by negligence or otherwise.
3. That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above. This release shall be in effect between August 1, 2022, and June 30, 2023.

Parent/Guardian Signature _____

Printed Name _____

Date _____

Registration Fees

\$50/family for registrations received by June 30, 2022 (Early Registration Discount)

\$100/family for registrations received on or after July 1, 2022 (Standard Registration Fee)

**Please return completed
Registration forms and Fee
to the Parish Office**

St. Thomas the Apostle Church
5472 S. Kimbark Ave
Chicago, IL 60615
773-324-2626

rhendrickson@stapostleparish.org

www.stapostleparish.org

For Office Use Only

Amount Paid: _____

Date Paid: _____

Cash _____ Check _____

Check Number/Date _____