



ST. THOMAS AQUINAS CATHOLIC PARISH

602 EVERGLADE DRIVE ♦ MADISON ♦ WISCONSIN ♦ 53717 ♦ (608)833-2606

Religious Education Registration 2019-2020

Registration Deadline is **September 9, 2019.**

Payment Deadline is **October 30, 2019.**

FEE CALCULATOR/OFFICE USE

Date Received: _____

Religious Education (Elementary/MS/HS/Adaptive Catechesis)

1st Student 1 @ \$100 = \$ _____

2nd Student 1 @ \$ 85 = \$ _____

3rd + Students _____ @ \$ 80 = \$ _____

Late Fee after Oct. 30, 2019 \$ 25 = \$ _____

Sacramental Fee _____ @ \$100 = \$ _____

TOTAL DUE: \$ _____

PAID: \$ _____ CHECK # _____ CC _____

My student WILL attend Religious Education at STA this year. _____

My student will NOT attend Religious Education at STA this year. _____ (Please fill out & return Parent section below)

My student receives Catholic instruction from (school/program): _____

Please Print	FATHER		MOTHER	
	Last Name, First		(List only the information that is not the same as father's)	
Parent/Guardian:				
Address:				
City/Zip:				
Home/Cell Phone:	H:	C:	H:	C:
Email Address:				

My student lives with: BOTH parents ___ Mother ___ Father ___ Guardian (Explain) _____

ELEMENTARY GRADES 1-2 (\$100 per student)				
Wednesdays 5:00-6:15 PM <u>or</u> 6:00-7:15 PM				
STUDENT'S NAME LAST NAME, FIRST NAME	GRADE/Date of Birth	Wednesdays (Choose ONE) 5:00-6:15 PM OR 6:00-7:15 PM		List the Sacraments child has <u>Received</u>
	1 mm/dd/yy			
	2 mm/dd/yy	New Students	Returning Students	

ELEMENTARY GRADES 3-5 (\$100 per student)			Sacraments child has <u>Received</u>		
Wednesdays 6:00-7:15 PM			Please Check ALL that Apply		
STUDENT'S NAME LAST NAME, FIRST NAME	GRADE/Date of Birth	SCHOOL ATTENDING	Baptism	\$100 Fee 1 st Communion & Reconciliation	Confirmation
	3 mm/dd/yy				
	4 mm/dd/yy				
	5 mm/dd/yy				

MIDDLE & HIGH SCHOOL GRADES 6-12 (\$100 per student)			Sacraments child has <u>Received</u>		
Sundays 11:15 AM - 12:30 PM			Please Check ALL that Apply		
STUDENT'S NAME	GRADE/Date of Birth	SCHOOL ATTENDING	Baptism	\$100 Fee 1 st Communion & Reconciliation	\$100 Fee Confirmation
	__ mm/dd/yy				
	__ mm/dd/yy				
	__ mm/dd/yy				
	__ mm/dd/yy				

ADAPTIVE CATECHESIS (\$100 per student)			
Wednesdays at 6:00 PM			
STUDENT'S NAME LAST NAME, FIRST NAME	Date of Birth	Diagnosed Condition	List the Sacraments child has <u>Received</u>
	mm/dd/yy		

****NEW THIS YEAR!****

POST CONFIRMATION YOUTH GROUP (\$30 per student) Sundays at 11:15-12:30 PM		
STUDENT'S NAME LAST NAME, FIRST NAME	GRADE/Date of Birth	Year Confirmed
	___ mm/dd/yy	

AUTHORIZATION FOR MEDICAL TREATMENT

As the parent/legal guardian, I do hereby authorize medical treatment for each of the following minor children in the event of a medical emergency. **(Please indicate EACH child's name below.)**

This authorization shall be valid for a period of one year from the date of this signature. A photocopy of this authorization shall be as valid as the original.

Parent/Legal Guardian Signature

_____ **Date** _____

Another person to contact in case of emergency

Name/Relationship _____ **Phone** _____

Medical information or Special learning we should be aware of (allergies, diabetes, medications, ADHD, etc.):

Name(s): _____
Comments: _____
Treatment: _____

Photo Permission

St. Thomas Aquinas has my permission to photograph my student(s). **YES** ____ **NO** ____



Para español utilice el formulario de Registro en español.