

**St. Thomas Aquinas Catholic Church  
2009-2010  
Faith Formation Registration Form**

Name \_\_\_\_\_ Grade \_\_\_\_\_

List Allergies \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

List Allergies \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

List Allergies \_\_\_\_\_

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**Contact Information**

Parent or Legal Guardian Names: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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**Registration Fee Payment**

\$15 Per Child Received: Yes \_\_\_\_\_ No \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

**Fill in Back of Form too!**

**Parental Authorization for Child Participation**

I give my permission for my child to take part in Faith Formation Classes at St. Thomas parish. In consideration of the opportunity for my child to participate in faith formation classes and recognize possible risk we release, absolve, indemnify, and agree to hold harmless the Archdiocese, St. Thomas Parish, its agents, employees and volunteers. Neither the Archdiocese nor the Parish nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Medical Conditions we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Identify activities that child should not participate in: \_\_\_\_\_

\_\_\_\_\_

Doctors Name & Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group/Policy# \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian