

**St. Maximilian Kolbe Parish *Religious Education* at  
Saint Thomas Church 19 Electric Avenue, Thomaston, CT 06787 (860) 283-5817**

**Religious Education Form 2017-2018** Please Check  New  Returning  
Additional Registrations forms can be downloaded at [www.stthomasthomaston.org](http://www.stthomasthomaston.org)

**Student Information Please Print and fill in all applicable information. One Form per child**

Student Name: First \_\_\_\_\_ Last \_\_\_\_\_  
 Telephone: (Home) \_\_\_\_\_ Parent email \_\_\_\_\_  
 Cell# \_\_\_\_\_ (Please notify office if email changes)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Residing with  Both  Father  Mother  Other \_\_\_\_\_  
 Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  M  F  
 Public School Attend \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_

**Grades completed in Religious Education or Christian or Religious school. (Please circle those that apply)**

**K 1 2 3 4 5 6 7 8 9**

**Name of Parish or parishes in which he/she attended Religious Education:** \_\_\_\_\_

**Family Information**

Father's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Mother's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ **Maiden** Name \_\_\_\_\_  
 Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_  
 Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Sacrament Records**

**All registered students must submit a copy of their Baptismal and First Communion Certificate, if not made at St. Thomas Church Thomaston, CT, St. Casimir/Immaculate Conception, Terryville CT.**

**If one was submitted during the prior year, a new copy is not needed.**

Baptized  Y  N Baptismal Date \_\_\_\_\_ Church \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Reconciliation  Y  N Date of Reconciliation \_\_\_\_\_  
 First Communion  Y  N Date \_\_\_\_\_ Church \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

**Registration Fees: \$40.00 per child- \$85.00 per Family of 3 or more children for registered members who have a census card on file in the Parish Center. Registration fee non-parishioner is \$60.00 per student. *A Census card needs to be filled out even if you are not a member of the Parish.***

Preferred Day & time of Religious Education Program (check One) If there is a hardship, please see Lucy Santopietro, Director of Religious Education.

Sunday 8:50am – 9:50am Gr. K-10  Tuesday 6:15pm – 7:15pm Gr. K-5

**Note: This time will only be available if there are more than 30 Students that enroll.**

**OFFICE USE ONLY**

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Reg. Fee Paid \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Check # \_\_\_\_\_ Money Order \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Please turn over and complete the other side**

**Medical Information (Information is kept confidential. Confidential information is privy only to the DRE and Catechist).**

Please specify any medical condition: for example – A.D.D., allergies, asthma.

\_\_\_\_\_

**Emergency Information**

Alternate Emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ City \_\_\_\_\_

Medication Allergies \_\_\_\_\_  
(If none, please indicate "none")

If you and the physician of your choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the St. Thomas Religious Education Director or the Coordinator feel immediate medical and/or hospital attention is indicated, do you authorize the above mentioned authorities to send your child (properly accompanied) to an available hospital or physician? Please check  **Y**  **N**

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

As a parent and/ or guardian, I authorize the treatment of my minor child by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. The consent is granted only after a reasonable effort has been made to reach me.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

**I give permission to the following to pick up my child if I am unable to.**

\_\_\_\_\_  
Name of person(s) picking up child Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_