



ST. THOMAS MORE
CATHOLIC COMMUNITY

130 N Pecos Rd, Henderson, Nevada 89074 (702) 361-8840

Faith Formation Registration 2024-2025

Family Information:

Last Name of Head of Household : _____ Registered here at STM? Yes/No

Mailing Address: _____ City: _____ Zip: _____

Main Cell Number: _____ Would you like to receive Flocknote texts? Yes/No

Main Email Address: _____

Student's Full Legal Name <i>List food or other allergies, special needs, and medical history that our knowing will keep your child safe.</i>	Sex M / F	Birth Date	Grade in the Fall & Name of School	Sacraments Received			
				Baptism	Reconciliation	First Communion	Confirmation
				YES STM ? NO	YES NO	YES NO	YES NO
				YES STM ? NO	YES NO	YES NO	YES NO
				YES STM ? NO	YES NO	YES NO	YES NO
				YES STM ? NO	YES NO	YES NO	YES NO

Mom or Guardian		Dad or Guardian		Step-Parent / Other	
Name		Name		Name	
Address		Address		Address	
City, State, Zip		City, State, Zip		City, State, Zip	
Cell Phone		Cell Phone		Cell Phone	
Work Phone		Work Phone		Work Phone	
Home Phone		Home Phone		Home Phone	
Email		Email		Email	

Sessions: First Child: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

Second Child: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

Third Child: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

Other persons who may pick up your child(ren) or who we should call in an emergency:

Name	Relation	Cell #	Work #	Home #
1.				
2.				
3.				

In order for your child(ren) to be part of STM Faith Formation programs, this form must be signed by all parents/guardians listed on the child’s birth certificate or baptismal certificate and all persons who have legal custody of the child(ren) listed and registered on this form.

Parental/Guardian Consent and Family Agreement

We, the undersigned, give permission for our child(ren) listed on the reverse side of this form, to attend faith formation classes and related functions of St. Thomas More Catholic Community for 2024-2025 Faith Formation Year, and to receive sacraments (Baptism, Reconciliation, First Communion and Confirmation) at the appropriate ages.

We understand that we are the primary faith educators of our child(ren) and that STM Faith Formation Program is here to help. We will bring our family to Masses and attend classes regularly. There is a **5-absence policy**, especially in the sacrament preparation program. Students **must** be respectful of other children, catechists, volunteers, and our facilities. If students cannot follow classroom rules, they will be asked to study at home.

Refunds will not be given as books and supplies have been purchased. Thank you for your understanding.

Please make check payable to: **St Thomas More**

 Mother/Guardian Signature Print Name Date

 Father/Guardian Signature Print Name Date

PHOTO RELEASE

I (we), _____, as the parent (s)/legal guardians of my (our) minor child(ren):

_____ (name) _____ (age)

_____ (name) _____ (age)

_____ (name) _____ (age)

_____ (name) _____ (age)

Grant permission for the above-named child(ren)’s **photo(s)** to be published on the parish website, parish screens at Mass, parish Facebook pages and other parish sites without inspection, approval, nor compensation. In most cases, names will not be used.

 Signature of Parent and/or Guardian

 Date

OFFICE USE ONLY

Date: _____ Total Due: _____ Amount Paid: _____ Balance: _____ Received BY: _____

Check #: _____

Cash: _____

Debit/CC: _____