St. Thomas More Religious Education Program, 2025-2026 REGISTRATION

FATHER			MOTHER		(Mother's Maiden name)	
MAILING ADDRESS		MAII	LING ADDRES	SS		
CITY, STATE, ZIP	CITY	CITY, ZIP, STATE				
HOME PHONE CELL F	HOM	HOME PHONE			CELL PHONE	
E-MAIL ADDRESS			AIL ADDRESS			
Please circle the email address and phone	<mark>number yo</mark>	<mark>ou prefer we use</mark>	e to commun	icate with you abo	<mark>out religious educat</mark>	ion.
EMERGENCY CONTACT PERSON	RELATIONSHIP TO STUDENT			PHONE		
Please indicate 1st and 2nd	choice	for day plac	cement as	some classes fi	ill up quickly.	
Wednesday 4:30 – 6:00 p.	Thursda	Thursday 4:30 – 6:00 p.m			Homeschool	
RCIC						
STUDENT NAME (FIRST & LAST)				PARISH OF BAPTISM		NTS RECEIVED Holy Communior
Baptism Certific	ate mu	st accomp	any new	student rea	istration	
					isti ation.	
IF NO, WHERE DID YOUR CHILD ATT						
I will volunteer for: TEACHER _		SUBSTITUT	E	MONIT	ГОR	
STM PARISHIONER: YES NO VIRTUS TRAINED: YES				YES NO		
PLEASE SEE REVERSE SII	<mark>)E</mark>					
All students registered before 6/1/25 will receive a discount				Office Us	se: Tuition	\$
Make Checks payable to: St. Thomas More Church 8501 Calumet Avenue, Munster, Indiana 46					Sacrament Fee	\$
Sacrament Fee: Confirmation \$30.00, First Holy Communion \$5.00 4 th grade+: New American Bible Fee \$8.00				0	Bible Date	\$
Full Tuition due at Time of Registration					Check #:	

Please list any of the following: Current medications, medication allergies, food allergies or chronic health concerns as well as any other information that you believe we should be aware of, such as learning disabilities or difficulties. If none, please write "none".