



ca+holic.

**WELCOME TO
ST. THOMAS THE APOSTLE'S
2026-2027 RELIGIOUS EDUCATION REGISTRATION
PRESCHOOL – 6TH GRADE**



1. Are you a **REGISTERED** member of St. Thomas the Apostle parish? ____Yes ____No

2. **FAMILY LAST NAME:** _____

FATHER'S NAME: _____ **MOTHER'S NAME:** _____

ADDRESS: _____ **ZIP:** _____

PHONE #S: Home: _____ Father's Work: _____ Mother's Work: _____

Father's Cell #: _____ Mother's Cell #: _____

____ *Please check if this is a new address*

- If parents are divorced, please fill in the other parent's mailing address below:

Name: _____

Address: _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell #:** _____

e-mail address: _____

- Please indicate if both households are to receive mailings: ____YES ____NO

3. **E-MAIL ADDRESS:** *Father:* _____

Mother: _____

Please note: We use **FLOCK NOTE** for our main communication tool.
You will receive emails from St. Thomas that read "mail @ Flocknote.com".
This is not junk mail. ☺

4. **Whom may we call in case of an emergency & parents cannot be reached at the above #s?**

Name: _____ **Phone #:** _____

Cell phone #: _____

Relationship to child: _____

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5. STUDENT INFORMATION:

Child #1

NAME: _____ Date of Birth: _____ Grade: _____

Circle

Sacraments Received: **Baptism:** Yes No **First Eucharist:** Yes No **Confirmation:** Yes No

Allergies/Medical/Behavior Concerns: _____

School Child attends: _____

Child #2

NAME: _____ Date of Birth: _____ Grade: _____

Circle

Sacraments Received: **Baptism:** Yes No **First Eucharist:** Yes No **Confirmation:** Yes No

Allergies/Medical/Behavior Concerns: _____

School Child attends: _____

Child #3

NAME: _____ Date of Birth: _____ Grade: _____

Circle

Sacraments Received: **Baptism:** Yes No **First Eucharist:** Yes No **Confirmation:** Yes No

Allergies/Medical/Behavior Concerns: _____

School Child attends: _____

6. PHOTO PERMISSION:

- Photos will be taken throughout the year during Religious Education and Family Nights and we would like to post the photos in "The Harvest" (diocesan newspaper), our bulletin and/or on the website. Please indicate if you give your permission for your children's pictures to be posted. YES _____ NO _____

7. INDEMNITY AGREEMENT:

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor(s). I agree on behalf of myself, my child(ren) named herein, or our heirs, successors and assigns, to hold harmless and defend St. Thomas the Apostle, its teachers, DRE, employees and agents, and the Diocese of Great Falls-Billings, its employees, agents, chaperons, or representatives associated with Religious Education, from any claim arising from or in connection with my child(ren) attending Religious Education or in connection therewith, and I agree to compensate St. Thomas the Apostle, its teachers, directors, and agents, and the Diocese of Great Falls-Billings, its employees and agents and chaperons, or representatives associated with Religious Education for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of St. Thomas the Apostle or the Diocese of Great Falls-Billings.

Parent's Signature: _____ Date: _____

8. REGISTRATION IS DUE ON OR BEFORE SEPTEMBER 10TH.

FEE: \$35.00 / 1 child \$60.00 / 2 children 75.00 / family (3 or more children)

SACRAMENTAL PREPARATION FEE: * \$25.00 / child

- **PLEASE NOTE: (this is in addition to the registration fee)**

- EXAMPLE: 1 child in Sacramental Prep with no siblings, fee = \$60.00
1 child in Sacramental Prep with 1 sibling, fee = \$85.00
1 child in Sacramental Prep with 2 or more siblings, fee = \$100.00

DAY PREFERENCE: _____ Tuesdays (3:15 pm – 4:30 pm) _____ Wednesdays (4:15 pm – 5:30 pm)
(Preschool – 5th grade)

AMOUNT ENCLOSED: _____ Cash _____ or Check No. _____