

Melissa Graves, Youth Ministry Director

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406-656-5800 ext 312

Registration Fee: One student \$40, Two students \$70, Family \$80

Checks made payable to St. Thomas the Apostle



2025-2026 Registration Form

6th GRADE, 7th/8th GRADE, & HIGH SCHOOL PROGRAMS

<u>Child's Name</u>	<u>Grade</u>	<u>School</u>	<u>Special Needs/ Allergies?</u>	<u>Birthday(m/d/y)</u>	<u>Needs Sacraments Y/</u>	<u>T-shirt Size</u>

Parent Name (s) (First, Name): _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

EMAIL: _____ Alternate Contact: _____

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 _____

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:** _____