

**St Thomas The Apostle  
Religious Education Registration**  
180 St Thomas Drive, Canyon Lake, TX 78133

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Mom/Dad Work/Cell: \_\_\_\_\_  
 Mother's Maiden: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Custodial Parent, if different from above: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Both Parents Catholic? Y \_\_\_ N \_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date:    Baptism    Catholic?    Eucharist    Penance    Confirmation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____						
Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date:    Baptism    Catholic?    Eucharist    Penance    Confirmation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____						
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Sacrament and Date:    Baptism    Catholic?    Eucharist    Penance    Confirmation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____						
Special Needs: medical, learning disabilities, physical disabilities: _____						

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ \_\_\_\_\_ Tuition Pd: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

## ST. THOMAS the APOSTLE RELIGIOUS EDUCATION

Dear Parents/Guardians,

The safety of your child(ren) is a great concern for us. For that reason we ask that you read, fill in names, and sign the following three areas.

### AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my son(s)/daughter(s)

(names) \_\_\_\_\_, in the event of a medical situation occurring during my absence or when the hospital or physician is unable to contact me. This authorization extends to any hospital, physician and nursing personnel within the physician's staff where treatment is being rendered in the physician's office. I release from medical responsibility and liability St. Thomas the Apostle Catholic Church, the hospital, physician, and nursing personnel for performing medical procedures acting on the authority of this consent form which such medical providers deem necessary for my minor child(ren).

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

### RELEASE FORM

Please initial all that apply

\_\_\_\_\_ I give permission for St. Thomas Religious Ed. personnel to photograph or videotape my child(ren) for the use of class instruction, displays, and/or promotional uses within the St. Thomas community.

\_\_\_\_\_ I give my permission for my child(ren) to participate in the Child Lures Safety Program mandated by the San Antonio Archdiocese. (This will be included during class time.)

Name(s) of child(ren) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### DISMISSAL POLICY

All children in grades Pre-K through 3<sup>rd</sup> are to be picked up in their atria (classroom) by a parent or another responsible family member. Please list any siblings that your older child, grades 5<sup>th</sup> and higher, will pick up.

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

All **OLDER** children, grades 4<sup>th</sup> – 12<sup>th</sup>, will be let out of their classroom to meet you at a decided location. If you would like to pick-up your child in their classroom, or designate someone else to pick-up your child, please fill out the information below.

I would like to designate \_\_\_\_\_ to pick-up my child \_\_\_\_\_, in grade \_\_\_\_\_, in their classroom, at 10.50am.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_