

Received by _____ Date ____/____/____

St. Thomas the Apostle Catholic Church
RITE OF CHRISTIAN INITIATION OF ADULTS ADAPTED FOR CHILDREN (RCIA-AC) FORM
3774 Jackson St. Riverside, CA 92503 951.689.113 ext. 240

PARENT INFORMATION

FATHER'S FULL NAME: _____ Best Contact #: _____

Language: English Spanish Have you received all your sacraments? _____ Are you interested in adult Faith Formation? _____

MOTHER'S FULL NAME: _____ Best Contact #: _____

Language: English Spanish Have you received all your sacraments? _____ Are you interested in adult Faith Formation? _____

MOTHER'S MAIDEN NAME: _____ Cell # for text alerts: _____

MARITAL STATUS OF THE CHILD'S MOTHER AND FATHER: _____

ARE YOU REGISTERED AT ST. THOMAS THE APOSTLE CHURCH: Yes _____ No _____

FAMILY EMAIL(s) _____

STREET #: _____ APT. # _____ CITY _____ ZIP CODE _____

May we publish photographs and/or video recordings of your children participating in parish events on our St. Thomas FB page or website? Yes No Please Initial Here: _____

Which way you attend Mass? In person Livestream

Child's Full Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Place of Birth (country, city, state): _____

Was your child baptized as a Catholic? _____

Was your child baptized under a different faith? _____ What faith was he/she baptized under? _____

Name of Church at which your child was baptized: _____

City and state of your child's baptismal church: _____

Date of your child's baptism: _____

Has your child received 1st Holy Communion? _____

Year he/she received 1st Communion: _____ Name of Church: _____

City and State of church: _____

Special needs: _____

Sponsor's full name: _____

Sponsor phone number: _____ Email address: _____

Street #: _____ Apt. #: _____ City: _____ Zip Code: _____

TUITION Office Use Only

Total Tuition Due: _____ Tuition Paid (at time of registration): _____ Cash/Check _____ Balance Due: _____ Defer: _____