

Received by _____ Date of Enrollment ____/____/____

St. Thomas the Apostle Catholic Church
Confirmation / High School Faith Formation Registration
3774 Jackson St. Riverside, CA 92503 951.689.1131 ext. 240

PARENT INFORMATION

FATHER'S NAME: _____ Best Contact #: _____

Preferred Language: English Spanish

MOTHER'S NAME: _____ Best Contact #: _____

Preferred Language: English Spanish

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

BEST EMAIL(s) _____

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

Emergency Contact: name/relationship _____ phone # _____

What Mass does your family regularly attend? **Saturday:** 5pm **Sunday:** 7am 9am 11am 1pm (Spanish) 5pm

YOUTH #1 Grade Level (in the fall): _____

Name: _____

Age: ____ Date of Birth: ____/____/____

Date of Baptism: ____/____/____

Parish of Baptism: _____

Has this child received 1st Communion? Yes or No

School attending: _____

Special needs: _____

YOUTH #2 Grade Level (in the fall): _____

Name: _____

Age: ____ Date of Birth: ____/____/____

Date of Baptism: ____/____/____

Parish of Baptism: _____

Has this child received 1st Communion? Yes or No

School attending: _____

Special needs: _____

OFFICE USE ONLY _____

Tuition Due \$150:

Paid in Full	Cash	Check #		
Payments	1)	2)	3)	4)

Confirmation Year: _____

Module A: _____

Module B: _____

Module C: _____

Saint: _____ **Sponsor:** _____