

Received by _____ Date ____/____/____

St. Thomas the Apostle Catholic Church
FAITH FORMATION REGISTRATION FORM
3774 Jackson St. Riverside, CA 92503 951.689-1113 ext. 240 and 241

St. Thomas the Apostle Church offers an intergenerational family participation program for sacrament preparation and ongoing faith formation. The Catechism of the Catholic Church # 2225 states "Through the grace of the sacrament of marriage, parents receive the responsibility and privilege of evangelizing their children." The Faith Formation ministry exists to partner with parents - as the family grows in faith by the witness of living a Christian life in keeping with the Gospel. When parents place importance on Christ and His Church children follow their example.

PARENT INFORMATION

FATHER'S FULL NAME: _____ Best Contact #: _____
Language: English Spanish
MOTHER'S FULL NAME: _____ Best Contact #: _____
Language: English Spanish
MOTHER'S MAIDEN NAME: _____ Cell # for text alerts: _____
BEST EMAIL(s) _____
STREET #: _____ APT. # _____ CITY _____ ZIP CODE _____

Child #1 Grade (in the Fall): ____ Communion Year ____ FF ____
Name: _____
Age: ____ Date of Birth: ____/____/____
Date of Baptism: ____/____/____
Parish of Baptism: _____
Has this child received 1st Communion? Yes or No
School attending: _____
Special needs: _____

Child #2 Grade (in the Fall): ____ Communion Year ____ FF ____
Name: _____
Age: ____ Date of Birth: ____/____/____
Date of Baptism: ____/____/____
Parish of Baptism: _____
Has this child received 1st Communion? Yes or No
School attending: _____
Special needs: _____

Child #3 Grade (in the Fall): ____ Communion Year ____ FF ____
Name: _____
Age: ____ Date of Birth: ____/____/____
Date of Baptism: ____/____/____
Parish of Baptism: _____
Has this child received 1st Communion? Yes or No
School attending: _____
Special needs: _____

Child #4 Grade (in the Fall): ____ Communion Year ____ FF ____
Name: _____
Age: ____ Date of Birth: ____/____/____
Date of Baptism: ____/____/____
Parish of Baptism: _____
Has this child received 1st Communion? Yes or No
School attending: _____
Special needs: _____

TUITION Office Use Only
No child will be denied a sacrament because of financial hardship, contact the Faith Formation Office if assistance is needed.

Yearly Family Tuition: **1 Child \$120** ____ / **2 Children \$140** ____ / **3 Children \$160** ____ / **4 Children \$180** ____

Sacrament Preparation 2nd Year Retreat Fee: **1 Child and 1 Parent \$30** ____

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