

St. Thomas More Church
Parish School of Religion

Grades 7-12 Registration Form
7-8 PM on Thursdays at the Youth House starting Sept. 10, 2009.

Student's Name _____
Last First Middle

Home Address _____
Street City Zip

Home Phone _____ Date of Birth ____/____/____ Gender ____

Grade (2009-2010) _____ School Attending _____

Sacramental Information (Please check)

Baptized? ___yes ___no ___year (Please attach copy of Baptismal Certificate
First Penance? ___yes ___no ___year if this is your first year participating in the
First Eucharist? ___yes ___no ___year PSR program at St Thomas More)

Are you currently registered as a Parishioner of St. Thomas More Church? ____ If not, where? _____

Information of Parents/Guardians

Father _____ Work Phone _____ Cell Phone _____

Mother _____ Work Phone _____ Cell Phone _____

Guardian _____ Work Phone _____ Cell Phone _____

Does your child have any allergies? ___yes ___no

If so, what is he/she allergic to? _____

Does your child have any other medical conditions we need to be aware of? ___yes ___no

If yes, what? _____

Office Use Only

REGISTRATION FEE: \$25.00 (Make Checks Payable to St. Thomas More)

Paid _____ Cash ____ Check# _____

Registration Date _____