

**St. Thomas More Church**  
**Parish School of Religion**

**Grades 7-12 Registration Form**

7-8:30 PM on Thursdays at the Youth House starting **Sept. 8, 2011.**

Student's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Email \_\_\_\_\_ Grade (2011-2012) \_\_\_\_\_ 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?** \_\_\_\_\_

**Deadline to Register: September 1, 2011**

*Office Use Only*

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

Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

Registration Date \_\_\_\_\_