

*St. Thomas Aquinas Parish Religious Education Program
103 Center Street
Bridgewater, Massachusetts 02324 508-697 -3652 Fax: 508-697-8907*

Registration Form 2009-2010

First Child:

Child's Last Name: _____ **Child's First Name:** _____

Date of Birth: _____ **Circle: Male Female**

School: _____ **School Grade:** ____ **Religious Education Grade:** ____

Date of Baptism: _____ **Church & Place of Baptism:** _____

Second Child:

Child's Last Name: _____ **Child's First Name:** _____

Date of Birth: _____ **Circle: Male Female**

School: _____ **School Grade:** ____ **Religious Education Grade:** ____

Date of Baptism: _____ **Church & Place of Baptism:** _____

Please list additional children on a sheet of paper and attach to this form.

Family Information:

Guardian(s): _____

Father:

First Name: _____ **Last Name:** _____

Religion: _____ **Cell Phone:** _____

Mother:

First Name: _____ **Last Name:** _____ **Maiden:** _____

Religion: _____ **Cell Phone:** _____

Address: Street _____ **Town** _____ **Zip** _____

Phone: _____ **Family Email:** _____

Are there any custody issues we should be aware of regarding your child(ren)?

If your child has Special Needs please be sure to fill out the enclosed Special Needs Form.

My child(ren) have my permission to attend Religious Education classes at St. Thomas Aquinas Parish.

Signed _____ **Date:** _____

Religious Education Schedule for 2009-2010

Sunday Grades 1-9 8:45am-9:45am
Sunday Grades 5-9 11:15am-12:15pm

Monday Grades 1-8 3:45pm-4:45pm
Monday Grades 1-8 5:00pm-6:00pm

Tuesday Grades 1-8 3:45pm-4:45pm
Tuesday Grades 1-8 5:00pm-6:00pm
Tuesday Grades 9 7:00pm-8:00pm
Tuesday Grades 10 7:00pm-8:30pm

Wednesday Grades 1-8 3:45pm-4:45pm
Wednesday Grades 1-8 5:00pm-6:00pm

Please indicate your preference for day & time of class. A minimum of 10 students is required to offer a class at a particular day & time. We will make every effort to accommodate your preference.

Student: _____

Grade: _____ Day: _____ Time: _____

Student: _____

Grade: _____ Day: _____ Time: _____

Student: _____

Grade: _____ Day: _____ Time: _____

Tuition Schedule for 2009-2010:

1 Student: \$100 2 Students: \$110 3 or More Students: \$120
Communion Fee: \$15.00 Confirmation Fee: \$50.00

_____ Check or Money Order enclosed

_____ Please put me on the Billing Cycle

If submitted prior to June 30, 2009 you may subtract \$10.00 from your tuition payment.

Students attending Catholic schools for Grades 1-9 need to be registered but are not required to attend . Grade 2 students will be contacted for attendance at Religious Education classes for Penance and Eucharist. There is no tuition fee for Catholic School students with the exception of Grade 10.

Grade 10 students attending Catholic Schools are required to attend Religious Education Class to prepare to receive Confirmation.

Teachers will receive a 50% discount on tuition only.

Saint Thomas Aquinas Religious Education Office
Volunteers 2009-2010

Volunteer for Religious Education Teacher

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

e-mail: _____

Day: _____ Time: _____ Grade: _____



Volunteer for Religious Education Substitute Teacher

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

e-mail: _____

Day: _____ Time: _____ Grade: _____



Volunteer for Religious Education Teacher's Aide

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

e-mail: _____

Day: _____ Time: _____ Grade: _____



Volunteer for Religious Education Hall Monitor

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

e-mail: _____

Day: _____ Time: _____

Special Needs Form

***Please complete this form if your child has any special needs.
Special Needs: Educational, Nutritional, Emotional and Other***

If your child has any special needs, it is most important that you let us know.

***(This is a confidential form; it is intended to help your child's teacher to deal with your child effectively. Only your child's teacher and the Office Staff will see this form.
Please let us know how to best help your child with his or her special need.)***

Student's Name: _____ Grade _____

Nature of Special Need(s) and How We Might Help Your Child:

Special Needs Form

***Please complete this form if your child has any special needs.
Special Needs: Educational, Nutritional, Emotional and Other***

If your child has any special needs, it is most important that you let us know.

***(This is a confidential form; it is intended to help your child's teacher to deal with your child effectively. Only your child's teacher and the Office Staff will see this form.
Please let us know how to best help your child with his or her special need.)***

Student's Name: _____ Grade _____

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