



If receiving a new sacrament this year (2<sup>nd</sup> grade or Year 2 Confirmation), a physical copy of student's Baptism Certificate is due with registration. Certificates must be acquired directly from the parish office of Baptism. Photocopies are not accepted

**Student Medical Information (This section must be completed)**

Please indicate if the student(s) has any ALLERGIES or special needs (ADHD, medications, etc)

Name(s) & Medical Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child(ren) to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, Contact:

\_\_\_\_\_  
Name Phone No

Family Health Plan Name and Carrier Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Schedule & Attendance Policy**

Wednesday evening schedule: 5:30-6pm Dinner (Open to all); 6:15-7:30pm Class  
First day of class & mandatory opening parent meeting: Wednesday, September 16<sup>th</sup> in Parish Social Hall

Students are expected to attend weekly classes. A limit of three unexcused absences is allowed. Reasons for excused absences include (but are not limited to) sickness, poor weather, and family obligations. Sports practices do not count as an excused absence. If student is unable to adhere to the attendance policy, make up options are available. I understand and agree to the attendance policy \_\_\_\_\_

**Tuition**

Early Rate (Returned by July 29).....\$75/Child (\$220/Family)  
Normal Rate (Returned by August 26).....\$85/Child (\$250/Family)

\*\*Checks should be made payable to Ss. Peter and Paul or St. Thomas the Apostle and attached to this form.  
If you are in need of financial assistance, please do not hesitate to contact the parish office.\*\*

I, \_\_\_\_\_, grant permission for my child(ren) who is/are named above to participate in the Religious Education Program at St. Thomas the Apostle Church. In consideration of my child(ren)'s participation, I agree to indemnify the parish and the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against the parish and Archdiocese of St. Paul & Minneapolis by myself, my child(ren) or others that arise out of any behavior by my child(ren) in the classes and activities included in this program. I also agree to pay reasonable attorney's fees or expenses incurred by the parish and the Archdiocese in defense of such a claim/lawsuit. Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the parish office to receive a version of this form that does not include the previous clause; however, some events/activities may require this clause.\*\*

### Parents/Guardians

Would you consider volunteering as a catechist or an assistant for the 2026-2027 Religious Education Program?

Yes / No **\*\*If yes, Claire Lenz will reach out to you with more information\*\***