

**Registration Form
2018-2019**

St. Thomas More Catechetical Center
12 Hollywood Ave
Fairfield, NJ 07004
973-227-3607



Please Print **LAST** Name (Child) (_____) Name of Parent/Guardian (Relationship to child)

Address Street Town Zip

Primary Phone# Emergency Phone#

FAMILY E-MAIL (new or different): _____

If Re-registering: is information above ***different*** than last year? Please circle: Yes No

For New Students, only.... *If you are registering your child for the first time and your child was baptized at St. Thomas More, please enter birth date _____.* *If your child was baptized in another parish, a copy of the Baptismal Certificate must accompany your registration form.*

Has your child celebrated Reconciliation Y or N First Communion Y or N?

PLEASE REGISTER WITH THE PARISH!

Registration Fees: \$110.00 1 Child; \$210.00 for 2 Children & \$300.00 for 3 or more children.
Sacrament Fee for First Communion Year (Grade 2): \$50.00 per child

SUNDAY CCD CLASS Grades 1-6 Time: 8:45 AM-9:45 AM

Child's First Name	(M/F)	Grade (9/2018)	Special Needs / Medications

TUESDAY CCD CLASS Grades 1-6 Time 4:15-5:15 PM

Child's First Name	(M/F)	Grade (9/2018)	Special Needs / Medications

Grade 7-8 Mon Eve or Sunday Family Special Needs/ Medications

Child's First Name	(M/F)	(9/2018)	Special Needs/ Medications

Total Registration Fee \$ _____

Sacramental Fee for Reconciliation/Eucharist (2nd grade) (\$50) \$ _____

Less Catechist (for weekly CCD Catechists only) Discount (\$75) — \$ _____

IMPORTANT: **TOTAL** _____

Repeat registrations are due by August 31, 2018. Registration received after this date will be charged a \$25 late fee per family. New registrants are never charged a late fee. If you are unable to pay registration in full, please contact the CCD Office to make other arrangements.

_____ I GIVE / _____ NOT GIVE my permission for the taking of photographs, video, and images of members of my family by STM for use in promotional materials, sharing with the STM Community and use on the STM Website and STM Facebook.

SIGNED: _____ DATE: _____

Office Info: Amount Received \$ _____ Date of Check _____ Check # _____