



**STA Religious Education Department**  
**CCD - Parish School of Religion**  
**FAMILY REGISTRATION FORM**  
**for Kindergarten - Grade 8**  
**2020-2021 FAITH FORMATION YEAR**  
 PLEASE PRINT LEGIBLY  
 COMPLETE ALL BLANKS AS APPROPRIATE

**Registration deadline is September 30, 2020**

**FAMILY INFORMATION:**

**Father:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Mother:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Address (if different): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Children live with: (please circle one) both parents / mother / father / other \_\_\_\_\_

**Parish to which the family is registered:** St. Thomas Aquinas \_\_\_\_\_ Other: \_\_\_\_\_

**Email address (REQUIRED – please print legibly):** \_\_\_\_\_

Email is our primary means of communication; please provide additional address for non-custodial parent if applicable.

**EMERGENCY CONTACT, OTHER THAN PARENTS:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**All Classes are virtual with  
 monthly in-person meetings on a  
 set Sunday of each month  
 9:30 – 10:30 in the  
 Parish Center.**

**Kindergarten Registration:** must be at least age 5 by 9/10/20, but may not necessarily attend Kindergarten this fall in regular school

Student's First & Last Name	Birth Date	Age	Gender	Baptized?/Year/Church of Baptism
_____	___/___/___	_____	M / F	No / Yes in 20__ at _____
_____	___/___/___	_____	M / F	No / Yes in 20__ at _____

**Grade 1 and 2 Registration:**

Student's First & Last Name	Birth Date	Grade	Gender	School	Baptized?/Year/Church of Baptism
_____	___/___/___	_____	M / F	_____	No / Yes in 20__ at _____
_____	___/___/___	_____	M / F	_____	No / Yes in 20__ at _____

**Grade 3 through 8 Registration:**

Student's First & Last Name	Birth Date	Grade	Gender	School	Baptized?/Year/Church of Baptism/Reconciliation & Communion?
_____	___/___/___	_____	M / F	_____	No / Yes in 20__ at _____ No / Yes
_____	___/___/___	_____	M / F	_____	No / Yes in 20__ at _____ No / Yes

**(MORE ON REVERSE)**

**Special Concerns:** Be sure to include medical needs such as allergies, medication or physical impairments.  
*Also include* insights such as slow reader, very shy, trouble staying focused, etc.

Child's Name: \_\_\_\_\_ Concerns: \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Concerns: \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Medical Consent:** *must sign one or the other*

In the event reasonable attempts to contact me or my emergency contact are unsuccessful, I give my consent for the administration of any treatment deemed necessary.

\_\_\_\_\_ date  
*parent signature*

**OR**

I do not give my consent for emergency medical treatment for my child. Please take no action.

\_\_\_\_\_ date  
*parent signature*

**Safe Environment Program Acknowledgements:** *must sign in both places to be enrolled*

I have read the Diocese of Columbus **Harassment Policy for Minors #5140.05**, the **Policy for Curriculum Support #4110.01**, the **Policy for Background Checks & Training #4110.1**, and the **Policy for Use of Social Networking Tools on the Internet #6142.3** as found on the Church's website, and I am confident I understand the content and purpose. I understand that it is necessary that any complaints be filed with the program administrator, pastor, or diocesan director of religious education.

\_\_\_\_\_ date  
*parent signature*

I have read the Saint Thomas Aquinas **Waiver of Damages & Video/Photo Release** as found on the church's website, and I am confident I understand the content and purpose. I am in agreement with this policy.

\_\_\_\_\_ date  
*parent signature*

**Tuition for 2020-2021 Year**

**\$30 PER CHILD**

*Make checks payable to  
Saint Thomas Aquinas Church,  
with "CCD" in the memo. Enclose with  
this registration form and return to:*

**144 North Fifth Street, Zanesville, OH 43701.**

**Question? Call (740) 453-3301 Ext. 125.**

**PLEASE NOTE:** IF YOU HAVE A STUDENT IN GRADE 2 OR GRADE 8 WHO WILL BE PREPARING THIS YEAR TO RECEIVE SACRAMENTS, PLEASE ALSO COMPLETE THE ATTACHED SACRAMENT PREPARATION REGISTRATION PAPERWORK.