

St. Thomas the Apostle
Office of Religious Education
25 Dover Road
West Hartford, CT 06119
860-523-4209
religioused@stawh.org

Dear Parent(s) or Guardian(s),

It is that time of year again to look forward to next Religious Education year. In order to prepare ourselves better for the fall we are now asking you to register your child(ren). Classes will begin the first week in October, 2016. First through fifth grade will meet on Wednesday afternoons from 2:30 to 3:30 p.m. and grades six through eight will meet on Tuesday evenings from 6:30 to 8:00 p.m.

The fee for one child is \$50.00, for two children - \$85.00, and for a family of three or more - \$125.00. Please make checks payable to St. Thomas the Apostle Religious Education (STA Rel. Ed.). If these fees become a hard-ship for any family, please speak with the director to discuss alternatives.

**In order to reach those parishioners who are unable to attend the 2:30 session on Wednesday afternoons, we are now offering an alternative program on Wednesday afternoons from 4:30-5:30 p.m. the parish center. Space is limited due do to staffing so please respond as soon as possible.

To increase our security in case of an emergency, we are asking that a picture of the student(s) accompany the registration form.

Deadline for returning student registration forms is September 15, 2016. A late fee of \$20.00 is effective after the registration deadline.

If you have any questions or concerns, please call the number listed above. We look forward to upcoming year.

May the Lord's peace be with you,

Elizabeth B. Kiselica

Elizabeth B. Kiselica
Director of Religious Education

St. Thomas the Apostle Religious Education Registration Form

Please indicate which Wednesday session you prefer:

2:30-3:30 PM OR **4:30-5:30 PM**

Family Name: _____	Mother's Maiden Name: _____
Street Address and zip code: _____	Home Phone: _____ Cell Phone: _____ Email: _____
Relationship to child: _____ Name: _____ Business: _____ Business Phone: _____ Religion: _____ Marital Status: _____	Relationship to child: _____ Name: _____ Business: _____ Business Phone: _____ Religion: _____ Marital Status: _____
I am interested in volunteering for (check all that apply): <input type="checkbox"/> catechist Tues night <input type="checkbox"/> catechist Wed. afternoon <input type="checkbox"/> joining the PTO	Please sign to give your permission to have your child(ren)'s pictures posted on the STA website, newsletter, poster, or local newspaper without the use of names. X _____
<input type="checkbox"/> My child(ren) will walk home. <input type="checkbox"/> My child(ren) will be picked up. The following persons have permission to pick up my child(ren) at Religious Ed: _____	

In the event of an emergency, if you are unable to reach me, please contact the following:

Name: _____	Relationship: _____
Phone(s): _____	Address: _____

Comments/Concerns:

Student Name:	Grade:	Sex:
School:	Language:	
Date of Birth:	Place of Birth:	
Date of Baptism:	Place of Baptism:	
Date of First Eucharist:	Place of First Eucharist:	
Special Needs (physical, medical, educational, dietary, allergies, etc):		

Student Name:	Grade:	Sex:
School:	Language:	
Date of Birth:	Place of Birth:	
Date of Baptism:	Place of Baptism:	
Date of First Eucharist:	Place of First Eucharist:	
Special Needs (physical, medical, educational, dietary, allergies, etc):		

Student Name:	Grade:	Sex:
School:	Language:	
Date of Birth:	Place of Birth:	
Date of Baptism:	Place of Baptism:	
Date of First Eucharist:	Place of First Eucharist:	
Special Needs (physical, medical, educational, dietary, allergies, etc):		

Student Name:	Grade:	Sex:
School:	Language:	
Date of Birth:	Place of Birth:	
Date of Baptism:	Place of Baptism:	
Date of First Eucharist:	Place of First Eucharist:	
Special Needs (physical, medical, educational, dietary, allergies, etc):		