

**St. Thomas the Apostle
Confirmation Registration Form
2017-2018**

Name of Student _____ Date of Birth _____

School _____ Grade _____

Father's Name _____

Mother's Maiden Name _____

Address _____

Home Phone _____ Parent's Work Phone _____

E-mail Address _____

(please print legibly!!!)

Baptism Information

Date _____

Church _____

Address _____

(City & State)

First Communion Information

Date _____

Church _____

Address _____

(City & State)

- **All sections of this Form are required to be completed. Please ensure that the email address is an active account and regularly checked by parents.**
- **Return the completed form along with registration fee - payable to St. Thomas the Apostle Church. The fee is \$50.00 one child, \$85 for two children, and \$125 for three or more. The form and fee should be mailed to:**

**Confirmation Program
St. Thomas the Apostle Church
872 Farmington Ave
West Hartford, CT 06119
Attn: Chris Haddad**

- **The form and fee should be returned to the Church by no later than Monday, September 3 to ensure that your child is placed in a class in time for the first meeting. If you can't return the form in time, please bring the completed registration to the Confirmation Orientation meeting scheduled for Sunday, September 10 at 6 pm in the Parish Center.**
- **If you have any questions, please contact Chris Haddad via email at chaddad@stawh.org or phone at 860.231.1308.**