



**Saint Thomas More Catholic Church**  
**2023-2024 Religious Formation K-5 (RF K-5) Registration**



**PLEASE PRINT**

Form completed by: \_\_\_\_\_

Relationship to youth (circle one): Mother    Father    Other: \_\_\_\_\_

Primary Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: (mom) \_\_\_\_\_ Cell Phone: (dad) \_\_\_\_\_

Emergency contact (name): \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

<b>Child's Name</b>	<b>DOB</b> mm/dd/yy	<b>Grade in</b> <b>2023/2024</b>	<b>Baptized?</b> Write Yes/No	<b>1<sup>st</sup> Holy</b> <b>Communion?</b> Write Yes/No	<b>Confirmed?</b> Write Yes/No

Allergies, medication, or any other medical condition of youth that Catechist should be aware of:

\_\_\_\_\_

\_\_\_\_\_

**Registration Fees:** \$40 per child or \$100 maximum fee for family.

Catechists for the Religious Formation Program K-5 will have the registration fees waived for their children. "Adult Helpers" in the classrooms will have their children's registration fee reduced by 50%. **Scholarships are available; please contact Trish Pabis, (434) 386 – 7325, for details.**

Yes, I am interested in being a:

- Catechist for \_\_\_\_\_ grade
- Adult Helper for \_\_\_\_\_ grade

Total Registration Fee: \_\_\_\_\_ Paid:  Cash  Check # \_\_\_\_\_

Online Giving  Scholarship

**PLEASE COMPLETE BACK SIDE**



# ST. THOMAS MORE

A ROMAN CATHOLIC COMMUNITY

3015 Roundelay Road · Lynchburg, VA 24502-2036 · Phone: (434) 237-5911 · Fax: (434) 237-8854

## Photo Release Form and Parental Consent Form of Virtual Gatherings

**Event:** St. Thomas More Roman Catholic Church Events for 2023/2024 Religious Formation year

**Date:** August 2023 – August 2024

I give permission for photographs of the persons listed to be published on the website/social media site of St. Thomas More Roman Catholic Church. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed.

I give consent that the persons listed are eligible to participate in virtual gatherings which may include but are not limited to religious education, VBS program, youth meetings, prayer services, and so on. This form will provide consent for all gatherings unless the parent/legal guardian gives written notification to staff that consent has been withdrawn.

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I am the parent or legal guardian of the following child(ren) under 18 years of age, and I give consent to the marked statements above.

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Adult's name (print): \_\_\_\_\_

Adult's Signature: \_\_\_\_\_