

**St Thomas More Parish**  
**Religious Education Registration**  
 1700 8th St S, Brookings, SD 57006

Family: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Mom/Dad Work: M \_\_\_\_\_ D \_\_\_\_\_  
 M. Maiden: \_\_\_\_\_ Emerg. Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 Custodial Parent, if different from above \_\_\_\_\_ School: \_\_\_\_\_  
 Rel Ed mailing to additional address? If so, stat \_\_\_\_\_  
 \_\_\_\_\_ Both Parents Catholic? Y N \_\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Sacr. Program?
_____						
<b>Sacrament and Date:</b>	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
Special Needs: medical, learning disabilities, physical disabilities: _____						

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	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
Special Needs: medical, learning disabilities, physical disabilities: _____						

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ \_\_\_\_\_ Tuition Pd: \$ \_\_\_\_\_ Signature: \_\_\_\_\_