



ST. THOMAS MORE FAITH FORMATION REGISTRATION FOR 2020 - 2021

St. Thomas More Parish Faith Formation Program Student Registration Form 2020-2021

*****Please Print Clearly and Complete ALL Items Requested*****

*****A Separate Form Must Be Completed for Each Child Registering*****

REGISTRATION FEE: \$150.00 FOR THE FIRST CHILD AND \$50.00 EACH ADDITIONAL CHILD.
SACRAMENT FEE: \$85 FOR EACH STUDENT ELIGIBLE FOR FIRST HOLY COMMUNION OR
CONFIRMATION IN 2021 (see pages 9 and 10)

PART A: Student Information (New Student_____/or Returning Student_____)

LAST NAME_____ FIRST NAME_____

STREET ADDRESS_____

CITY_____ STATE: FL ZIP_____

DATE OF BIRTH_____ GRADE CHILD ENTERING AUGUST 2020_____

GENDER: _____ MALE _____ FEMALE

PART B: Family Contact Information FAMILY PARISH NUMBER _____

CHILD RESIDES WITH:

BOTH PARENTS_____ MOTHER_____ FATHER_____ OTHER_____

(IF THERE IS A CUSTODY AGREEMENT WHICH AFFECTS YOUR CHILD'S DROP OFF, PICK UP
AND MASS ATTENDANCE, PLEASE SPEAK DIRECTLY WITH THE FAITH FORMATION DIRECTOR)

MOTHER'S NAME: _____ FATHER'S NAME: _____

MOTHER'S CELL PHONE: _____ FATHER'S CELL PHONE: _____

MOTHER'S HOME PHONE: _____ FATHER'S HOME PHONE: _____

MOTHER'S EMAIL: _____ FATHER'S EMAIL: _____

Emergency Contact Name: _____ **Number:** _____

PART C: Special Needs/Medical Information

* DOES YOUR CHILD HAVE ANY LEARNING OR PHYSICAL DISABILITIES, ALLERGIES OR ANY OTHER MEDICAL CONDITIONS? YES _____ NO _____

*IF "YES", PLEASE DESCRIBE BRIEFLY:

PART D: Student Background Information

1. IS YOUR CHILD A NEW, INCOMING, STUDENT TO STM FAITH FORMATION? YES ___ NO ___
2. NAME OF SCHOOL YOUR CHILD WILL ATTEND IN AUGUST 2020 OR WRITE "HOME SCHOOLED": _____
3. HAS YOUR CHILD RECEIVED THE SACRAMENT OF BAPTISM? YES _____ NO _____
4. HAS YOUR CHILD RECEIVED THE SACRAMENT OF COMMUNION? YES ___ NO _____
5. IS YOUR CHILD A CANDIDATE FOR FIRST HOLY COMMUNION IN MAY 2021? YES ___ NO ___
6. IS YOUR CHILD A CANDIDATE FOR CONFIRMATION IN 2021? YES ___ NO _____

PART E: Day/Time Preference for your Child's Faith Formation Class

We will make every effort to schedule your child in accordance with your preferences, but due to space and staffing limitations, we CANNOT GUARANTEE your first choice. You may choose from the following days and times for 2020-2021

Tuesday, 4:30 – 5:45 p.m.	Kindergarten, 1 st and 2 nd Grades Only
Tuesday, 6:00 – 7:15 p.m.	All Grades 1-9
Wednesday, 4:30 – 5:45 p.m.	Kindergarten, 1 st and 2 nd Grades Only
Wednesday, 6:00 – 7:15 p.m.	All Grades 1 – 9 and RCIT (10 th grade and higher)

NOTE: These days and times are tentative and are subject to change or cancellation.

FIRST CHOICE: DAY _____ TIME: _____

SECOND CHOICE: DAY _____ TIME: _____

NAME **AND** GRADE OF OTHER SIBLINGS REGISTERING:

PART F: Required Signature

EMERGENCY WAIVER: IN CASE OF AN EMERGENCY REQUIRING IMMEDIATE CARE FOR THIS CHILD, I HEREBY AUTHORIZE A DULY-APPOINTED MEMBER OF THE ST. THOMAS MORE STAFF TO CALL 911 **BEFORE** NOTIFYING PARENT OR LEGAL GUARDIAN.

I CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____

PART G: Photograph and/or Videotape Consent & Release

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

SIGNATURE OF PARTICIPANT: _____

NAME: _____ DATE: _____

I certify that I am the parent and legal guardian of the above-signed participant and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photography and/or Videotape Consent and Release (including such part as many subject me to personal financial responsibility and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

SIGNATURE OF PARENT/GUARDIAN: _____

NAME: _____ DATE: _____

PART H: PARENT VOLUNTEER SERVICE

STUDENT NAME: _____

PARENT NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

Parent/guardian assistance is a vital component in determining the success and effectiveness of a Faith Formation Program. Your assistance is greatly needed and appreciated. Please indicate how you will assist the Faith Formation Program.

Volunteer Teachers and Teacher's Aides will receive a discounted tuition rate for their child.

Catechist (Teacher): _____

Classroom Aide: _____

Fund Raising: _____

Decoration of Church for Special Events: _____

Courtyard Security: _____

Christmas Pageant: _____

ST. THOMAS MORE

St. Thomas More Faith Formation
561-737-3521

**FAITH FORMATION
REGISTRATION & REQUIREMENTS
2020 – 2021**

Specific dates for registration are not available as of April 20th, 2020 because of the Covid-19 closures.

Completed applications will be accepted in the Parish Office or email to FaithChurch@stmhb.org or you can mail the complete application to St. Thomas More Catholic Church, Attention Mary Beth Kohn, 10935 S. Military Trail, Boynton Beach, FL 33436-4897.

We will make every effort to schedule your child in accordance with your preferences, but due to space and staffing limitations, we CANNOT GUARANTEE your first choice. You may choose from the following days and times for 2020-2021:

Tuesday, 4:30 – 5:45 p.m.	Kindergarten, 1 st and 2 nd Grades Only
Tuesday, 6:00 – 7:15 p.m.	All Grades 1-9
Wednesday, 4:30 – 5:45 p.m.	1 st and 2 nd Grades Only
Wednesday, 6:00 – 7:15 p.m.	All Grades 1–9 & RCIT (10 th grade & higher)

NOTE: These days and times are tentative and are subject to change or cancellation.

All applications are to be returned to the Parish Office or emailed to FaithChurch@stmhb.org as stated above.

It is required that Parishioners have been registered, **ACTIVE** members of the parish for at least (6) months and using the envelope-system of offertory/attendance. Registration status will be verified before registration is accepted.

Minimum age requirement – only children entering Kindergarten as of September 2020 will be eligible for enrollment.

Once accepted, students must attend Mass on Sundays and Holy Days of Obligation. (Attendance will be recorded **after** each mass.)

Registration Fee of \$150.00 for the first child and \$50.00 each additional child and must be submitted with the completed application.

A Sacrament Fee of \$85 for each student eligible for First Holy Communion or Confirmation must be included with 2020-2021 Registration Fees.

**** All NEW students must attach a copy of their Baptismal Certificate and Valid Parish Number with the application. Incomplete applications will not be accepted.**

Communion Requirements:

- **Students are required to attend Faith Formation classes for First and Second Grade prior to receiving the Sacrament of First Holy Communion, regardless of grade at first enrollment.**

Students may have no more than 3 absences from Mass or classes.

I, _____, acknowledge by my signature that I have read and agree to the above listed requirements.

Signature: _____ Date: _____

Confirmation Requirements:

- **Students are required to attend Faith Formation classes for 3 years (7th, 8th and 9th grades) to receive the sacrament of Confirmation.**
- **Students enrolling in classes beginning with 8th grade, or higher, will still be required to attend Faith Formation classes for 3 years before receiving the sacrament of Confirmation.**
- **Students must perform 60 hours of community service at St. Thomas More:
15 hours in 7th Grade
15 hours in 8th Grade
30 hours in 9th Grade**
- **Students Must attend St. Thomas More's Youth Retreat in Sacramental Year**
- **Students Must pass a Face to Face Interview in Sacramental Year**
- **Students Must pass a Written Exam in Sacramental Year**
- **Students Must prepare a written essay on the movies:
"God's Not Dead" and "Heaven is for Real"**
- **Students must submit a Confirmation poster**

I _____ acknowledge by my signature that I have read and agree to the above listed requirements.

Signature: _____ Date: _____

ST. THOMAS MORE FAITH FORMATION PROGRAM
APPLICATION FOR RECEPTION OF FIRST COMMUNION
TO BE COMPLETED IN THE SACRAMENTAL SCHOOL YEAR ONLY

Please complete and return with Registration Packet

PART A: YOUR CHILD'S INFORMATION

LAST NAME: _____ FIRST NAME: _____

FEMALE () MALE () GRADE ATTENDING: _____ DAY OF WEEK: _____

HOME ADDRESS: _____

CITY/STATE _____ ZIP CODE: _____

HOME PHONE NO. _____

DATE OF BIRTH: _____ PLACE OF BIRTH (CITY/STATE): _____

PART B: PARENTS INFORMATION

FATHER'S NAME: _____

MOTHER'S NAME: _____

PART C: BAPTISMAL INFORMATION

DATE OF BAPTISM: _____

CHURCH OF BAPTISM: _____

CHURCH ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

***** ALL CANDIDATES FOR THE SACRAMENTS OF FIRST RECONCILIATION AND FIRST HOLY COMMUNION ARE REQUIRED TO HAVE COMPLETED TWO YEARS OF CATECHETICAL INSTRUCTION IN A FAITH FORMATION PROGRAM.

St. Thomas More Parish Faith Formation Program
Application for the Reception of the Sacrament of Confirmation
(MUST BE COMPLETED AND RETURNED WITH REGISTRATION PACKET)
TO BE COMPLETED IN THE SACRAMENTAL SCHOOL YEAR ONLY

A. CANDIDATE'S INFORMATION

Please clearly print all of the information request below.

Candidate's Last Name: _____ First Name: _____

Confirmation Name (must be the name of a Saint): _____

Candidate's Place of Birth (city, state, country): _____

Candidate's Date of Birth: _____ Age (as of January 1, 2021): _____

Candidates Home Address: _____

City, State: _____ Zip Code: _____

Phone Number: _____ Email: _____

B. BAPTISMAL INFORMATION

The following information MUST match Baptismal records:

Church of Baptism: _____ Date of Baptism: _____

Complete Address of the Church of Baptism: _____

City, State (if USA) _____ Zip Code: _____

Country (if other than USA): _____

Parents' Names: Father: _____

Mother's Maiden Name: _____

C. SPONSOR INFORMATION

SPONSOR INFORMATION: Sponsor must be a confirmed Catholic, at least 16 years of age. A parent cannot be a sponsor, but may serve as a proxy in the absence of a sponsor on Confirmation day. A statement or certificate from the sponsor's parish (including St. Thomas More) testifying to the fact that the sponsor is a practicing Catholic must be submitted with this completed form. A copy of the Sponsor's Confirmation Certificate is also required.

Sponsor's Name: _____

Sponsor's Address: _____

FOR

OFFICE USE ONLY:

* FOR NEW STUDENTS: COPY OF BAPTISMAL CERTIFICATE SUBMITTED _____

* FAMILY PARISH NUMBER INCLUDED ON APPLICATION _____

TUITION FEE: _____

SACRAMENT FEE: _____

SIBLING FEE(s) _____

TOTAL DUE: _____

TOTAL PAID: _____ CASH ___ CC ___ CHECK #: _____

PAYMENT RECEIVED BY: _____ DATE: _____

Staff Notes:
