St. Thomas more Faith Formation
2025-2026 Registration Form - Grades K-12

Father's Information

Name:_____

Address:_____

City/State/Zip:_____

Home Phone:_____

Cell Phone:_____

Email:_____

Mother's Information

Name:_____

Address:_____

City/State/Zip:_____

Home Phone:_____

Cell Phone:_____

Email:_____

Emergency Contact in case parent cannot be reached:

Name: _____ Phone: _____

First/Last Name of child	DOB	Grade	Allergies/Medical Conditions?
_____	_____	_____	_____.

Circle the following: **Was this child baptized?** **YES NO**

Has your child received 1st Communion? **YES NO**

Has your child been confirmed? **YES NO**

If YES, please fill out the following:

Date of Baptism_____**Church/City & State**_____.

Date of 1st Communion_____**Church/City & State**_____.

Date of Confirmation _____**Church/City & State**_____.

FEES: $50 per child

Please Note: *No one will ever be denied registration due to inability to pay. Contact Katie King at 317-831-4142 if assistance is needed.*

_____ **Total Included:**

Cash_____or Check #_____ **(Checks payable to St. Thomas More)**

Please return this form and money by one of 3 ways:

1. Place $ and form in an envelope (labeled "Faith Formation") and put in the collection basket.
2. Drop off at the Parish Office attention "Faith Formation."
3. By USPS mail: St. Thomas More Faith Formation/1200 N. Indiana St./Mooresville, IN 46158

☐ Yes ☐ No St. Thomas More has my permission to share my child's first name and/or photo in the Criterion, Bulletin, Parish Website, Facebook, etc.

PARENT SIGNATURE:_____ **DATE:**_____

Please make sure all blanks are filled in. Thank You.

TURN OVER TO FINISH REGISTRATION

My child has permission to leave the class independently. **YES NO**

My child has permission only to leave the class with the following persons:

_____.

_____.

My child is interested in joining the children's choir. **YES NO**

My child has special needs and/or attention requirements. **YES NO**
If yes, please explain below.