Please complete and return this form to Lori Ellis by dropping it off at the parish office at St. Therese rectory, through the collection basket or via e-mail. St. Thomas the Apostle Religious Education for children age 4 – grade 7 will be held at our Religious Education Center located at St. Maximilian Kolbe Church. We usually meet twice a month on Sundays beginning at 9:00 AM with attendance at the 10:30 AM Mass at St. Maximilian Kolbe. Grade 8 Religious Education sessions will be held on Tuesdays from 6-7:00 PM in St. Therese Rectory Meeting Room. If you have questions, please call Lori Ellis at 412-462-8161 or lellis@thomastheapostle.net.

There is a $25.00 family fee for CCD this year. Please make your check payable to St. Thomas the Apostle and attach it to the registration form. **PLEASE PRINT ALL INFORMATION and complete both sides of the form. A separate form must be completed for each child.** Thank you.

Student's Last Name First Name Middle Name Date of Birth School Grade

Address Street City Zip code

E-mail address(es)

Home Phone Number Mother's Cell Phone Number Father's Cell Phone Number

School Attending (District/Building) Parish to which family belongs

Father's Last Name First Name Religion

Mother Last Name First Name Maiden Name Religion

Emergency Contact (other than Parent) Phone Number Relationship to Child

Emergency Contact (other than Parent) Phone Number Relationship to Child

IMPORTANT – Registration form continues on the back.

Sacraments Received By your Child

Baptism*_____
Date Church Location

If this is your child's first year at CCD, you must submit a copy of their Baptismal Certificate. A special note to Grade 2 parents for the 2025 – 2026 year: PLEASE also submit a copy of your child's Baptismal Certificate.

First Communion _____
Date Church Location

Confirmation _____
Date Church Location

Health & Well-being Information

Tell us about your child:

My child enjoys: _____

My child has difficulty with: _____

Other – Please Explain: _____

_____

Does your child have any medical conditions? (Please explain)

__Allergies: _____

__ Other conditions: _____

Are there any custodial issues?

___ Yes: Please explain and indicate the Custodial Parent:

Anything else we need to know that will help us in sharing the Good News with your child?

Registration Fee _____