

Saint Thomas Becket 2025-2026 Children & Youth Formation Registration

Date _____

Family Name _____ Mother's Name _____ Father's Name _____
 Address _____ Mother's Primary Phone _____ Father's Primary Phone _____
 _____ OK to text this #? _____ OK to text this #? _____
 City _____ email: _____ email: _____
 Zip Code _____ Stepmother's Name _____ Stepfather's Name _____

					Faith Formation				Sacramental Preparation			
Please list all children being registered on one sheet. Please list special needs on the back of this page *					K-Grade 5 Faith Formation/Family Events 4:30 pm Onsite classes Wednesday	Grades 1 – 5 (NO K) Faith Formation/Family Events 6:00 pm Onsite classes Wednesday	Pre K-Grade 5 Gospel Weekly/Family Events At HOME study	Middle School Grades 6-8 Wednesday 7:00 pm - 8:00 pm	First Reconciliation followed by First Eucharist (communion)	Reconciliation and First Eucharist (Older than 2 nd Grade)	Confirmation Year 1 Grade 9 or older	Confirmation Year 2 (only for those who completed Year 1)
Name	M /F	School	Birth Date	Grade Level 2025-2026								

Catechist Discount (Elementary, Middle school, Confirmation) **\$45 per catechist** _____ (We will mail you \$ in Nov.)

Sacramental Preparation

- **First Eucharist/First Reconciliation: \$100/child**

-Must also be registered for Faith Formation
or attend Catholic School

- **Confirmation Year 1: \$85**
- **Confirmation Year 2: \$160** (includes retreat fee)

Faith Formation Programs

- **K-Grade 8: Early Bird \$85/child until 8/21/25**
Fee increases to \$125 after.
- **At Home Study: \$45/child**
- **Family Max** \$255 (\$375 after 8/21) for FF classes Only**
does NOT include Sacramental Prep

FINAL DEADLINE to REGISTER is SEPTEMBER, 12, 2025

Final Deadline to Register Sept. 12th

***We are unable to honor friend request (Middle School/Confirmation) AFTER this date.**

Finances should not prohibit participation.

Financial aid is available.

Contact Parish Office 651-683-9808

SAINT THOMAS BECKET FAITH FORMATION EMERGENCY CONTACT INFORMATION

Emergency Contact in case a parent cannot be reached:

_____	_____	_____
Name	Cell Phone	Home Phone

First choice of hospital_____

Do any of your children have special needs—physical, sensory, cognitive or social/emotional—of which we should be aware so that we can serve him/her properly?

Any food allergies? Please list the child’s name and her/his food allergy(ies).

* Middle School & Confirmation Students may request 1 friend to be in their group.

Parent Signature_____ Date_____