

# SAINT THOMAS AQUINAS NEWMAN CENTER

2025-2026

1815 Las Lomas Rd. NE Albuquerque, NM 87106

Office: (505) 247-1094 or Cathy Villegas at [Cvillegas@lobocatholic.org](mailto:Cvillegas@lobocatholic.org)

## RELIGIOUS EDUCATION – REGISTRATION FORM

**Sacramental Prep: (KINDER Early Start), 1<sup>st</sup> year-, 2<sup>nd</sup> year-Reconciliation, 3<sup>rd</sup> year-1<sup>st</sup> Communion**

**Continuing Religious Ed: Grades 4<sup>th</sup>-7<sup>th</sup> Bible Study, Mass Prep, Bible Stories, Catechism, Activities, Games, Songs...**

**GRADES K-7<sup>TH</sup> SUNDAYS 10:00 AM – 11:30 AM REGISTRATION FEE:** \_\_\_\_ (1)-CHILD  
\_\_\_\_ (2)-CHILDREN  
\_\_\_\_ (3) OR MORE CHILDREN

### Parent/Guardian Information:

**Parent/Guardian Name:** \_\_\_\_ (specify) \_\_\_\_ **Phone #:** \_\_\_\_

**Parent/Guardian Name:** \_\_\_\_ (specify) \_\_\_\_ **Phone #:** \_\_\_\_

**Address:** \_\_\_\_  
Street (P.O. Box ) City State Zip Code

**Email Address:** \_\_\_\_

**Emergency Contact:** \_\_\_\_  
Name: Relation: Phone #:

### Children Registered from Oldest to Youngest:

**Student Name:** \_\_\_\_ **Male/Female** **DOB:** \_\_\_\_ **School:** \_\_\_\_ **Grade:** \_\_\_\_

Sacraments Completed: ☐ Baptism ☐ 1<sup>st</sup> Reconciliation ☐ 1<sup>st</sup> Eucharist [Church of Baptism] \_\_\_\_ City/State \_\_\_\_

**Student Name:** \_\_\_\_ **Male/Female** **DOB:** \_\_\_\_ **School:** \_\_\_\_ **Grade:** \_\_\_\_

Sacraments Completed: ☐ Baptism ☐ 1<sup>st</sup> Reconciliation ☐ 1<sup>st</sup> Eucharist [Church of Baptism] \_\_\_\_ City/State \_\_\_\_

**Student Name:** \_\_\_\_ **Male/Female** **DOB:** \_\_\_\_ **School:** \_\_\_\_ **Grade:** \_\_\_\_

Sacraments Completed: ☐ Baptism ☐ 1<sup>st</sup> Reconciliation ☐ 1<sup>st</sup> Eucharist [Church of Baptism] \_\_\_\_ City/State \_\_\_\_

**Student Name:** \_\_\_\_ **Male/Female** **DOB:** \_\_\_\_ **School:** \_\_\_\_ **Grade:** \_\_\_\_

Sacraments Completed: ☐ Baptism ☐ 1<sup>st</sup> Reconciliation ☐ 1<sup>st</sup> Eucharist [Church of Baptism] \_\_\_\_ City/State \_\_\_\_

**\*\*Note: A copy of the Baptismal Certificate must be included for Years 1-3 (ASAP).**

**Allergies or Medical/Special Needs: [ Yes / No] If Yes; Please Specify:**

**Student Name/s & Needs:** \_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**FEEES DUE \$\_\_\_\_\_ AMOUNT PAID \$\_\_\_\_\_ PAYMENT DATE:\_\_\_\_\_ BAPTISMAL CERT:\_\_\_\_\_**

## EMERGENCY MEDICAL FORM

In the event of an injury to my/our child during his/her participation in the Aquinas Newman Religious Program, I hereby permit the necessary treatment for my/our child:

1<sup>st</sup> Child

Student's Full Name	Date of Birth	Grade Level	Age	Primary Care Physician	Phone #
Medical Insurance Name	Policy #			Dentist Name	Phone #
Emergency Contact Name/ Relation	Phone #	Parent/ Guardian's Name	Parent/Guardian's Signature		Date

2<sup>nd</sup> Child

Student's Full Name	Date of Birth	Grade Level	Age	Primary Care Physician	Phone #
Medical Insurance Name	Policy #			Dentist Name	Phone #
Emergency Contact Name/ Relation	Phone #	Parent/ Guardian's Name	Parent/Guardian's Signature		Date

3<sup>rd</sup> Child

Student's Full Name	Date of Birth	Grade Level	Age	Primary Care Physician	Phone #
Medical Insurance Name	Policy #			Dentist Name	Phone #
Emergency Contact Name/ Relation	Phone #	Parent/ Guardian's Name	Parent/Guardian's Signature		Date

\*\* Name of other persons authorized to pick up your child from class:

Contact Person	Phone #	Contact Person	Phone #	Contact Person	Phone
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I/We request that my/our child be permitted to attend Aquinas Newman K-7<sup>th</sup> Religious Education Faith Formation Program. Please initial: \_\_\_\_\_

I [parent(s)/Guardian] agree to all of the guidelines outlined in the Registration Packet and agree to the emergency instructions. Please initial: \_\_\_\_\_