

**Registration Form  
2016-2017**

St. Thomas More Catechetical Center  
12 Hollywood Ave  
Fairfield, NJ 07004  
973-227-3607

**ALL FAMILIES MUST BE REGISTERED MEMBERS OF STM!**

\_\_\_\_\_  
Please Print **LAST** Name (Child) \_\_\_\_\_ (\_\_\_\_\_) Name of Parent/Guardian (Relationship to child)

\_\_\_\_\_  
Address Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone / Emergency Phone \_\_\_\_\_  
FAMILY E-MAIL(new or different): \_\_\_\_\_

**If Re-registering:** is information above ***different*** than last year? Please circle: Yes No

**For New Students only...***If you are registering your child for the first time and your child was baptized at St. Thomas More, please enter birth date \_\_\_\_\_ . If your child was baptized in another parish, a copy of the Baptismal Certificate must accompany your registration form.*  
Has your child celebrated Reconciliation Y or N First Communion Y or N ?

REGISTRATION FEES:  
\$105.00 1 CHILD; \$180.00 FOR 2 CHILDREN & \$255.00 FOR 3 OR MORE CHILDREN  
SACRAMENT FEES:  
FIRST RECONCILIATION/FIRST EUCHARIST ( GRADE 2) \$50.00 PER CHILD

Child's First Name	Gender (M/F)	Grade K-6 (9/2016)	Sunday 8:45-9:45 AM	Special Needs/ Medications

Child's First Name	Gender (M/F)	Grade 1-3 Grade 4-6 (9/2016)	Tuesday 4:15-5:15 PM Wednesday 4:15-5:15	Special Needs/ Medications

Child's First Name	Gender (M/F)	Grade 7-8 (9/2016)	Mon Eve or Sunday Family	Special Needs/ Medications

Total Registration Fee \$ \_\_\_\_\_  
Sacramental Fee for Reconciliation/Eucharist (2<sup>nd</sup> grade) (\$50) \$ \_\_\_\_\_  
SUBTOTAL \$ \_\_\_\_\_  
Less Catechist (Volunteer Teacher) Discount (\$75) — \$ \_\_\_\_\_  
( for weekly CCD Catechists only)

**IMPORTANT:**

**TOTAL** \_\_\_\_\_

- Repeat registrations are due by Sept 6, 2016. Registration received after this date will be charged a \$25 late fee per family. New registrants are never charged a late fee.
- If you are unable to pay registration in full, please contact the CCD Office to make other arrangements.

Office Info: Amount Received \$ \_\_\_\_\_ Date of Check \_\_\_\_\_ Check # \_\_\_\_\_