

**St. Maximilian Kolbe Parish Religious Education Registration**  
**Parish Office-19 Electric Avenue, Thomaston, CT 06787- (860) 283-5817**  
**Website: www.stmkp.org**

**First Day of Class Sun. September 18, 2022**

**Religious Education Form 2022-2023      Please Check     New       Returning**  
**Additional Registrations forms can be downloaded at www.stmkp.org**

**Student Information    Please Print and fill in all applicable information.    One Form per child**

Student Name: First \_\_\_\_\_ Last \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_      Parent email \_\_\_\_\_  
Cell# \_\_\_\_\_      **(Please notify office if email changes)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residing with: \_\_\_\_\_ Both \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F

Church Attending Mass \_\_\_\_\_ Grade in Fall 2022 \_\_\_\_\_ School Attending \_\_\_\_\_

**Grades *completed* in Religious Education or Catholic school. (Please circle those that apply)**

**K 1 2 3 4 5 6 7 8 9**

**Name of Parish or School in which he/she attended Religious Education: \_\_\_\_\_**

**Family Information**

Father's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ **Maiden** Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Sacrament Records**

**All registered students must submit a copy of their Baptismal and First Communion Certificate, if not made at St. Thomas Church Thomaston, St. Casimir/Immaculate Conception Churches Terryville CT. If one was submitted during the prior year, a new copy is not needed.**

Baptized       Y     N      Date \_\_\_\_\_      Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Reconciliation       Y     N      Date \_\_\_\_\_      Church \_\_\_\_\_

First Communion       Y     N      Date \_\_\_\_\_      Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**Registration Fees: \$45.00 per child/\$95.00 per Family of 3 or more children for registered Parishioners who have a census card on file in the Parish Center. Registration fee non-parishioner is \$65.00 per student. ***A Census card needs to be filled out even if you are not a member of the Parish.*** If there is a hardship, please see Lucy Santopietro or Joanne Auburn Directors of Religious Education.**

**Preferred curriculum Religious Education Program (check One).**

**First Day of Religious Education Sunday September 18, 2022**

St. Thomas School Building - Thomaston  
\_\_\_\_\_ Sunday K-10<sup>th</sup> - 8:30 a.m. to 9:45 a.m.

Lyceum Building – Terryville  
\_\_\_\_\_ Sunday K-4<sup>th</sup> -9:45a.m. to 10:45 a.m.  
5<sup>th</sup> -9<sup>th</sup> 11:00a.m. to 12:00a.m.  
10<sup>th</sup> – Time and day TBD

**OFFICE USE ONLY**

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Reg. Fee Paid \$ \_\_\_\_\_  
Date \_\_\_\_\_ Check # \_\_\_\_\_ Money Order \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Medical Information (Information is kept confidential. Confidential information is privy only to the DRE and Catechist).**

Please specify any medical condition: for example – A.D.D., allergies, asthma.

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**Emergency Information**

Alternate Emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ City \_\_\_\_\_

Medication Allergies \_\_\_\_\_  
(If none, please indicate "none")

If you and the physician of your choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the St. Maximilian Kolbe Religious Education Directors feel immediate medical and/or hospital attention is indicated, do you authorize these authorities to send your child (properly accompanied) to an available hospital or physician? Please check  **Y**  **N**

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

As a parent and/ or guardian, I authorize the treatment of my minor child by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. The consent is granted only after a reasonable effort has been made to reach me.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

**I give permission to the following to pick up my child if I am unable to.**

\_\_\_\_\_  
Name of person(s) picking up child Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_