

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

Faith Formation Form 2025-2026 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 2025 _____ School Attending _____

Grades *completed* in Faith Formation 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 Faith Formation: _____

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 _____

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 Office. *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 Roxy Fainer, Faith Formation Coordinator.

First Day of Class Sunday, September 07, 2025 – Please note new time.

St. Thomas School Building – Thomaston
Grades K-9 Sunday Morning 8:30 am. – 9:45 am.
Grade 10 – The Lyceum, Terryville - 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 Faith Formation Coordinator and Catechist).

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

Emergency Information

Alternate Emergency Name _____ Phone # _____ Cell# _____

Relationship _____

Any Allergies _____

Medication Allergies _____
(If none, please indicate “none”)

If you, as indicated above, cannot be reached in an emergency and, if in the judgment of the St. Maximilian Kolbe Faith Formation Coordinator feels 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

Revised 8/13/2025