



Saint Thomas More Parish School of Religion 2009- 2010

Student

Full Name of Student _____

Birthday _____ Age _____

Address _____

Child lives with (*check one*): Both Parents Father Mother Other

Phone where child lives (_____) _____

Family e-mail where you can best be reached _____

School attending _____ Grade _____

Parents/ Guardians

Name _____

Work Phone (_____) _____ Cell Phone (_____) _____

Name _____

Work Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact information

(Please list at least two people we can contact in case of an emergency.)

Name	Phone	Cell
_____	(_____) _____	(_____) _____
_____	(_____) _____	(_____) _____
_____	(_____) _____	(_____) _____

Medical etc.

We incorporate snacks as part of our weekly classes. Please list any known food allergies _____

Please list any other allergies that your child has _____

Is there anything else we need to know about your child? _____

Parent/ Guardian Signature: _____

***Please read the attached information, before answering the following statements.
If you agree with the statement, please initial on the line.***

Discipline Policy

_____ We have read and understand the discipline policy of Saint Thomas More Parish School of Religion. We promise to abide by the rules set by our class, and to accept the consequences of our actions.

Permission for Photography

_____ I hereby grant permission for to the Catholic Diocese of Kansas City- Saint Joseph, its parishes and institutions, for this child to be included in photographs, images, videos, and other recordings made in connection with Saint Thomas More. I also grant the Diocese the right to use, publish, exhibit, or distribute such photographs for purposes of advertising, promoting, or marketing the Diocese and its parishes or other institutions. I understand that I have no copyright interest in such photographs and the Diocese need not obtains further approval from me to use the photographs.

_____ I do not wish for my child to be included in photographs, images, videos, and other recordings.

Personal Safety Curriculum

_____ I have read the materials provided, and give permission for my child to participate in the personal safety lessons.

_____ I have read the materials provided, and do not wish for my child to participate in the personal safety lessons.

Fees

\$30.00 for the first child, \$15.00 for each additional child, not to exceed \$60.00 per family. Financial assistance available, contact Shara Lewis at (816) 942- 2492 x205.

For Office use only:

Amount Paid _____ Cash _____ Check _____ Check # _____
