

**ST. THOMAS AQUINAS CATHOLIC CHURCH
 FAITH FORMATION PHONE # 704-549-0199 FAX # 704-503-5160
 STORYTIME REGISTRATION FORM 2009-10**

MUST BE REGISTERED PARISHIONER Amt Pd_____ Ck No. _____

PARISH ENVELOPE ID #: _____

Today's Date / /

Family Name:	Head of Household: Last Name: _____ Last Name: _____ First Name: _____ First Name: _____ Marital Status: _____ Notes: _____ Religion/Father: _____ Religion/Mother: _____	Spouse:
Family Info:	Street Address: _____ City/State: _____ Zip: _____ Phone Nos: Home _____ Cell _____ Email: _____ Send email when possible? _Yes / No_	
Mailing Address <small>(if different than Street)</small>	Mailing Address _____ Mailing City/State: _____ Zip: _____	
STUDENT NAME: 1)	Last Name: _____ First Name: _____ Nickname: _____	
Student Personal:	Relationship: _____ Grade in Sept _____ Birthdate: _____	
STUDENT NAME:(2)	Last Name: _____ First Name: _____ Nickname: _____	
Student Personal:	Relationship: _____ Grade in Sept _____ Birthdate: _____	
STUDENT NAME:(3)	Last Name: _____ First Name: _____ Nickname: _____	
Student Personal:	Relationship: _____ Grade in Sept _____ Birthdate: _____	

Circle one choice 9:30am Mass 11:00am Mass
 Fees - \$25 per child \$40 Per Family

I _____ am willing to be a Catechist / Assistant / Helper

**NOTE: ALL VOLUNTEERS MUST HAVE BACKGROUND CHECK AND ATTEND
 "PGC" CLASS**