NEW STUDENT REGISTRATION ST. THOMAS MORE Preschool PSR

FAMILY LAST NAME:	
ADDRESS:	CITY:
STATE: ZIP: HOME PHONE:	
CELL/OTHER PHONE:	EMAIL:
(You must be members of STM to register. Register online at ww	vw.sttm.org)
	_Mother _Stepmother
<u>FATHER</u>	MOTHER
NAME:	NAME:
RELIGION:	RELIGION:
MARITAL STATUS:	MARITAL STATUS:
NOTE: NEW STUDENTS MUST INCLUDE A	COPY OF THEIR BAPTISMAL CERTIFICATE
TUITION FEE: \$10.00 per child	
\$ 10 ONE CHILD\$ 20 TWO CHILDREN	\$30 THREE CHILDREN\$40 FOUR CHILDREN
CHECK #:Payable to: St. Thomas More Parish	or VISA/MC (add 3% fee) complete attached form

Complete both sides of this form & MAIL with check or completed credit card form to St. Thomas More, Attn: Becky Ready, 800 Ohio Pike, Cincinnati, Ohio 45245 or drop off at the Parish Office between 9 am- 4 pm Monday – Friday. Please call **Becky Ready, DRE** @ 753-2548 or email at bready@sttm.org should you have any questions.

COMPLETE BOTH SIDES.....

NEW PRE-SCHOOL STUDENT FORM

Student's Full Name:		Birth Date:
Sex:MF Has your child attended any typ	oe of program where you w	ere not present? Yes No
Mother's Maiden Name:	Child's Prefe	rred Name:
Class child will be entering this year: 3yr 4yr	5yr	
	Sacramental History	
Sacramental History: Date	Church Received	Address/ City / State/Zip
Baptism:		
List any health problems, disabilities or IEP's the	child's catechist should be i	informed of:
NEW PR	RE-SCHOOL STUDENT I	FORM
Student's Full Name:		Birth Date:
Sex:MF Has your child attended any type		
Mother's Maiden Name:		-
		rreu Mame:
Class child will be entering this year: 3yr 4yr	byr	
Sacramental History: Date	Sacramental History Church Received	Address/ City / State/Zip
·		
Baptism:		
List any health problems, disabilities or IEP's the	child's catechist should be i	informed of:

RCIY (Sacramental Preparation)

The Religious Education Office provides a program for students who have not received the sacraments of Baptism, Confirmation and Eucharist at the appropriate time. Or, if your child has been Baptized in another Christian denomination, we can prepare them for reception into the Roman Catholic Church by solemn Profession of Faith.

Please mark any of the following sacraments that your child has not yet received and you will be

contacted by the Formation Office:
Baptism (Baptized in another Christian denomination)
1st Communion (if in 3 rd grade or above)
Confirmation (if in High School)
Dhata Dalagaa Farra
Photo Release Form
give my permission and consent for my son/daughter to participate in all photographs, videotapes
ikeness of image or interviews to be taken during Parish Religion Programs. I further give my
permission and consent for any such photographs, videotapes, likeness of image or interviews to be
published and used to illustrate, promote and advertise our Parish Religious Programs including but
not limited to use on St. Thomas More's websites.
Parent/Guardian Signature
Date:
do not give my permission and consent for my son/daughter to participate in all photographs, videotapes, likeness of image or interviews to be taken during Parish Religion Programs. Parent/Guardian Signature
Thereto, Cauranan engineering
Date:
STATEMENT OF COMMITMENT
I/We desire our child/ren to participate fully in St. Thomas More's Parish School of Religion. We wi
do our best to uphold our responsibilities as Catholic-Christian Parents/Guardians by attending
Mass and bringing our child/ren to the Parish School of Religion class each week.
Parent/Guardian Signature:
Parent/Guardian Signature:

*Please advise us via a letter of any situation that you may anticipate in which your child will be missing classes (i.e., parental visitation rights, long term illness, etc).

EMERGENCY MEDICAL AUTHORIZATION FORM

Child's Name:	
Father's Name:	
Mother's Name:	
Address: City/St/Zip:	
Home Phone: Cell/Other:	
Consent : Please complete Part 1 or 2: This is to enable parents'/guardians to authorize the pemergency treatment to children who become ill or injured under Nursery authority, when parents or cannot be reached.	
Part 1: To Grant Consent In the event reasonable attempts to contact me at (phone) or (other parent/guardian phone) have been unsuccessful, I hereby give my con	
The administration of any treatment deemed necessary by Dr. (preferred physician)at	(phone)
or Dr. (dentist) (phone) or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist: transfer of the child to (preferred hospital) or any hospital reasonably access	and the essible.
This authorization does not cover major surgery unless the medical opinions of two other licensed physicians o concurring in the necessity for such surgery, are obtained before surgery is performed.	r dentist,
Parent / Guardian Signature: Date:	
Part 2: Refusal to Consent (do not sign if completed Part 1)	
I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Nursery authorities to take no action:	}
Parent /Guardian Signature: Date:	
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MANDATORY CHILD PROTECTION CERTIFICATION CER	TION
In order to maintain safety guidelines, the Archdiocese of Cincinnati mandates Volunteers, who work with children, must have completed the Virtus Protecting God's Class, must have completed a Background Check and been Approved through Select and must be up to date on their Virtus Training Bulletins. Virtus classes may be taken a the Archdiocese by registering at https://www.virtusonline.org/	Children tion.com,
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Yes, I have been certifiedNo, I have not been c	ertified