

# 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 [www.sttm.org](http://www.sttm.org))

**Student(s) live with (check all that apply):**

Father
  Mother  
 Stepfather
  Stepmother  
 Grandparent/Other

**FATHER**

**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](mailto:bready@sttm.org) should you have any questions.

**COMPLETE BOTH SIDES.....**

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**NEW PRE-SCHOOL STUDENT FORM**

Student's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex:  M  F Has your child attended any type of program where you were not present? Yes  No

Mother's Maiden Name: \_\_\_\_\_ Child's Preferred 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 informed of:

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## 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 \_\_\_\_\_  
Baptism \_\_\_\_\_ (Baptized in another Christian denomination)  
1<sup>st</sup> Communion \_\_\_\_\_ (if in 3<sup>rd</sup> grade or above)  
Confirmation \_\_\_\_\_ (if in High School)

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## Photo Release Form

I 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. 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: \_\_\_\_\_

I **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 \_\_\_\_\_

Date: \_\_\_\_\_

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## STATEMENT OF COMMITMENT

I/We desire our child/ren to participate fully in St. Thomas More's Parish School of Religion. We will 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 provision of emergency treatment to children who become ill or injured under Nursery authority, when parents or guardians 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 consent for: 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: and the transfer of the child to (preferred hospital) \_\_\_\_\_ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery is performed.

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

In order to maintain safety guidelines, the Archdiocese of Cincinnati mandates that all Volunteers, who work with children, must have completed the Virtus Protecting God's Children Class, must have completed a Background Check and been Approved through Selection.com, and must be up to date on their Virtus Training Bulletins. Virtus classes may be taken anywhere in the Archdiocese by registering at <https://www.virtusonline.org/>

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\_\_\_\_\_ **Yes, I have been certified**                      \_\_\_\_\_ **No, I have not been certified**