

Saint Thomas Aquinas Parish Re-Registration Form

Please print legibly and be as thorough as possible.

The more information you provide, the more complete the record will be.

Last Name of Family _____ Envelope # (if known) _____

Street Address _____

City _____ State _____ Zip Code _____

ADULT #1 (considered head of household) Circle one Dr. Mr. Mrs. Miss

Last Name _____ First Name _____

Middle Name _____ Maiden Name (if applicable) _____

Nickname Known As or Goes By _____ Circle One male female

Birthday ____/____/____ City of birth _____ State _____

Ethnicity _____ Marital Status _____

Primary Phone _____ - _____ - _____ Circle One: landline cell

Personal E-Mail _____ @ _____

Employer _____ City _____

Employer's Work Phone _____ - _____ - _____ Position: _____

I prefer communication by (circle one) email text to cell phone both email & text

Ok to publish address? (circle one) yes no Ok to publish phone #? (circle one) yes no

Ok to publish email? (circle one) yes no Ok to publish photo? (circle one) yes no

Religion _____

Baptismal Year ____ Church _____ City/State _____

First Communion Year ____ Church _____ City/State _____

Confirmation Year ____ Church _____ City/State _____

Married Year ____ Church _____ City/State _____ OR n/a

Notes (special needs, unique talents, medical alerts, etc.) _____

ADULT #2 Circle one Dr. Mr. Mrs. Miss

Last Name _____ First Name _____

Middle Name _____ Maiden Name (if applicable) _____

Nickname Known As or Goes By _____ Circle One male female

Birthday ____/____/____ City of birth _____ State _____

Ethnicity _____ Marital Status _____

Primary Phone _____ - _____ - _____ Circle One: landline cell

Personal E-Mail _____ @ _____

Employer _____ City _____

Employer's Work Phone _____ - _____ - _____ Position: _____

Ok to publish address? (circle one) yes no Ok to publish phone #? (circle one) yes no
Ok to publish email? (circle one) yes no Ok to publish photo? (circle one) yes no

Religion _____

Baptismal Year ____ Church _____ City/State _____

First Communion Year ____ Church _____ City/State _____

Confirmation Year ____ Church _____ City/State _____

Married Year ____ Church _____ City/State _____ OR n/a

Notes (special needs, unique talents, medical alerts, etc.) _____

Please list ministries that adults in the household are currently involved in; list the name of the participating party next to the activity (example: Lector (Bill), Eucharistic Minister (Mary), etc.):

LIST ALL CHILDREN IN FAMILY ON NEXT PAGE

Parish Re-Registration Form – Children In Family

Children 26 years of age or older should be individually registered as their own family unit.

CHILD #1

Last Name _____ First Name _____ Middle _____

Nickname Known As or Goes By _____ Circle One male female

Birthday ____/____/____ City of birth _____ State _____

Primary Phone _____ - _____ - _____ Circle One: landline cell

Personal E-Mail _____ @ _____

School _____ City _____

I prefer communication by (circle one) email text to cell phone both email & text

Ok to publish address? (circle one) yes no Ok to publish phone #? (circle one) yes no

Ok to publish email? (circle one) yes no Ok to publish photo? (circle one) yes no

Religion _____ Ethnicity _____

Baptismal Year _____ Church _____ City/State _____

First Communion Year _____ Church _____ City/State _____

Confirmation Year _____ Church _____ City/State _____

Notes (special needs, unique talents, medical alerts, etc.) _____

CHILD #2

Last Name _____ First Name _____ Middle _____

Nickname Known As or Goes By _____ Circle One male female

Birthday ____/____/____ City of birth _____ State _____

Primary Phone _____ - _____ - _____ Circle One: landline cell

Personal E-Mail _____ @ _____

School _____ City _____

I prefer communication by (circle one) email text to cell phone both email & text

Ok to publish address? (circle one) yes no Ok to publish phone #? (circle one) yes no

Ok to publish email? (circle one) yes no Ok to publish photo? (circle one) yes no

Religion _____ Ethnicity _____

Baptismal Year _____ Church _____ City/State _____

First Communion Year _____ Church _____ City/State _____

Confirmation Year _____ Church _____ City/State _____

Notes (special needs, unique talents, medical alerts, etc.) _____

CHILD #3

Last Name _____ First Name _____ Middle _____

Nickname Known As or Goes By _____ Circle One male female

Birthday ____/____/____ City of birth _____ State _____

Primary Phone _____ - _____ - _____ Circle One: landline cell

Personal E-Mail _____ @ _____

School _____ City _____

I prefer communication by (circle one) email text to cell phone both email & text

Ok to publish address? (circle one) yes no Ok to publish phone #? (circle one) yes no

Ok to publish email? (circle one) yes no Ok to publish photo? (circle one) yes no

Religion _____ Ethnicity _____

Baptismal Year _____ Church _____ City/State _____

First Communion Year _____ Church _____ City/State _____

Confirmation Year _____ Church _____ City/State _____

Notes (special needs, unique talents, medical alerts, etc.) _____

CHILD #4

Last Name _____ First Name _____ Middle _____

Nickname Known As or Goes By _____ Circle One male female

Birthday ____/____/____ City of birth _____ State _____

Primary Phone _____ - _____ - _____ Circle One: landline cell

Personal E-Mail _____ @ _____

School _____ City _____

I prefer communication by (circle one) email text to cell phone both email & text

Ok to publish address? (circle one) yes no Ok to publish phone #? (circle one) yes no

Ok to publish email? (circle one) yes no Ok to publish photo? (circle one) yes no

Religion _____ Ethnicity _____

Baptismal Year _____ Church _____ City/State _____

First Communion Year _____ Church _____ City/State _____

Confirmation Year _____ Church _____ City/State _____

Notes (special needs, unique talents, medical alerts, etc.) _____

Please attach additional pages if more than four children in family.