



# ST. THOMAS THE APOSTLE CHURCH H O M O S A S S A , F L O R I D A

## YOUTH FAITH FORMATION REGISTRATION

CHILD'S NAME \_\_\_\_\_ Gender: M F

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Residence Address \_\_\_\_\_  
\_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Sacrament Detail: Baptism: Y N Date \_\_\_\_\_

Reconciliation: Y N Date \_\_\_\_\_

Eucharist: Y N Date \_\_\_\_\_

Confirmation: Y N Date \_\_\_\_\_

\*\*\* A copy of your child's Birth Certificate and Sacrament Certificates must be provided

ALLERGIES: \_\_\_\_\_

CONFIDENTIAL: Any medical or learning disabilities, speech difficulties, physical disabilities  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs: Y N \_\_\_\_\_

Approval for photos, video, audio recordings that will include student's names, likeness or voices. Y N

FAMILY NAME \_\_\_\_\_

Married \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Annulled \_\_\_\_

Father's First Name \_\_\_\_\_ Catholic: Y N

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Catholic: Y N

Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Individuals authorized to pick-up child:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

A COPY OF PHOTO ID MUST BE PROVIDED AND ON FILE BEFORE CHILD CAN BE RELEASED

PARENT SIGNATURE \_\_\_\_\_

PARENT PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_

# **Vacation Bible School**

**Join the fun!**

**July 11<sup>th</sup>, 13<sup>th</sup> & 15<sup>th</sup> ,2022**

**9am-3pm**

**Give your child an opportunity to grow closer to  
Jesus through prayer, scripture, and praise and  
worship!**

\$25.00 for all 3 days

Includes: Bible study, crafts, skits, outside playtime,  
Light breakfast, lunch & snack

Please register no later than July 9, 2022



**St. Thomas the Apostle Church**    **Homosassa, FL 352-628-7000**

**Vacation Bible School Registration**  
**July 11, 13, & 15, 2022**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

**CONFIDENTIAL:** Any medical, learning disabilities, speech difficulties, physical disabilities, etc.

\_\_\_\_\_

Approval for pictures, video, audio recordings that will include students' names, likeness or voices.    Y    N

**Emergency Contact Name & Phone**

# \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

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