

**SCHOOL OF RELIGIOUS EDUCATION**  
**St. Thomas Syro-Malabar Forane Catholic Church**  
*(St. Thomas Syro-Malabar Diocese of Chicago)*  
**608 Welsh Rd. Philadelphia, PA 19115**

**Registration for the year: 2018-2019**

Registration is due by Aug. 26<sup>th</sup>, and classes will start on Sept. 09.

**Student's Information**

Church Family ID#: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's name: \_\_\_\_\_ Boy  Girl   
First Middle Last

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

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

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Parish where Baptized: \_\_\_\_\_

Name of Previous School attended (if applicable): \_\_\_\_\_

Fee \*\$\_\_\_\_\_ Cash / Check # \_\_\_\_\_ *(Payable to St. Thomas Syro-Malabar Church)*

*\* (For first child \$75, second child \$50, third child \$25 additional children no fees: Due at the time of registration. Please provide a copy of the Baptism certificate for new registration)*

<u><b>Information of Father</b></u>	<u><b>Information of Mother</b></u>
Family Name:	Family Name:
Name:	Name:
Cell Phone:	Cell Phone:
Email:	Email:
Place of Birth:	Place of Birth:
Parish in India:	Parish in India:
Diocese in India:	Diocese in India:
Rite:	Rite:

**Two emergency contacts (other than parents):**

<u><b>Name</b></u>	<u><b>Phone#</b></u>	<u><b>Relationship</b></u>
1. _____	_____	_____
2. _____	_____	_____

Dated: \_\_\_\_\_ Signature of Parent \_\_\_\_\_