

Ss. Peter and Paul
150 Railway St E
Loretto, MN 55357



St. Thomas the Apostle
20000 County Hwy 10
Corcoran, MN 55340

2025-2026 Youth Catechetical Formation Registration Form

PreK (age 4) – Confirmation – Due July 30

****Must be Registered Parishioners of Ss. Peter and Paul or St. Thomas the Apostle****

Name of Parents or Guardians:

Mother's Last Name	First	Religion
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Father's Last Name	First	Religion
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Parishioners of: Ss. Peter and Paul / St. Thomas the Apostle

Address & Contact Information:

House Number	Street	City	Zip Code
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Phone No.	Email
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Children Live with: Mom Dad Both Parents Guardian

School Children Attend: _____

Student Enrollment Information PreK-Confirmation

Student(s) Full Name			M/F	Grade	Birth Date	Sacrament Received				
First	Middle	Last				Baptism	Confession	Eucharist		
						Yes / No	Yes / No	Yes / No		
						Yes / No	Yes / No	Yes / No		
						Yes / No	Yes / No	Yes / No		
						Yes / No	Yes / No	Yes / No		
						Yes / No	Yes / No	Yes / No		

If registering for Confirmation, Please indicate which year: Year 1 / Year 2

****Confirmation Prep is for 7th and 8th grade, other grades welcome and exceptions apply****

For preschool-2nd grade, has student been in atrium (Catechesis of the Good Shepherd) before? Yes / No

****If No, New CGS Student Orientation on Wednesday, September 10th.****

****It is advised that students attend at least one year in the atrium (CGS) before 2nd grade.****

If receiving a new sacrament this year (2nd grade or Year 2 Confirmation), a physical copy of student's Baptism Certificate is due with registration. Certificates must be acquired directly from the parish office of Baptism. Photocopies are not accepted.

Student Medical Information (This section must be completed)

Please indicate if the student(s) has any ALLERGIES or special needs (ADHD, medications, etc)

Name(s) & Medical Information: _____

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child(ren) to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, Contact:

Name

Phone No

Family Health Plan Name and Carrier Number: _____

Family Doctor: _____ Phone Number: _____

Schedule & Attendance Policy

Wednesday evening schedule: 5:30-6pm Dinner (Open to all); 6:15-7:30pm Class

First day of class & opening parent meeting: Wednesday, September 17th in Parish Social Hall

Students are expected to attend weekly classes. A limit of three unexcused absences is allowed. Reasons for excused absences include (but are not limited to) sickness, poor weather, and family obligations. Sports practices do not count as an excused absence. If student is unable to adhere to the attendance policy, make up options are available. I understand and agree to the attendance policy _____

Tuition

Early Rate (Returned by July 30).....\$75/Child (\$220/Family)

Normal Rate (Returned by August 27).....\$85/Child (\$250/Family)

**Checks should be made payable to Ss. Peter and Paul or St. Thomas the Apostle and attached to this form.

If you are in need of financial assistance, please do not hesitate to contact the parish office.**

I, _____, grant permission for my child(ren) who is/are named above to participate in the Religious Education Program at St. Thomas the Apostle Church. In consideration of my child(ren)'s participation, I agree to indemnify the parish and the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against the parish and Archdiocese of St. Paul & Minneapolis by myself, my child(ren) or others that arise out of any behavior by my child(ren) in the classes and activities included in this program. I also agree to pay reasonable attorney's fees or expenses incurred by the parish and the Archdiocese in defense of such a claim/lawsuit. Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

Parent/Guardian Signature: _____ Date: _____

** If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the parish office to receive a version of this form that does not include the previous clause; however, some events/activities may require this clause.**