St. Thomas Catholic Church

1720 NW 19th Street, Redmond OR 97756 541- 923 – 3390 Ext 208

Religious Education Registration

2025-2026

Religious Education Assistant: Rocio Martinez Email: re@stthomasredmond.com Youth Ministry: Rayna Nordstrom youth@stthomasredmond.com

FAMILY INFORMATION

Family Last Name:	Date:	
Father's Name:		
Mother's Name:	Mother's Cell:	
Mother's Maiden:	M d - 1 P - 2 4 11	
Home Address:	7	
City, ST Zip:	Emergency Phone	
	Both Parents Catholic?	Yes / No
NOTE: If any of your children received sacraments outsid	le of this parish, you will need to supply a cert	tificate for our files.
Child #1 Name:	Grade:	
Gender: Male Female	Birth Date:	
Enrolling in:	Sacraments received: Check	What date was received & provide us with a copy
☐ First Communion Prep	☐Baptism:	
☐ Confirmation Prep	☐ 1 st Communion: _	
☐ STA Student	☐Confirmation:	
☐ Youth Group		
☐ Faith Formation		
Special Needs (Medical, Learning Disabili Child #2 Name:	Gade:	
Gender: Male Female	Birth Date:	
Enrolling in:	Sacraments received: Check	What date was received of provide us with a copy
☐ First Communion Prep	☐Baptism:	,
☐ Confirmation Prep	1st Communion:	
☐ STA Student	Confirmation:	
☐ Youth Group		
☐ Faith Formation		
Special Needs (Medical, Learning Disabili	ities, Physical Disabilities, etc.):	
Special Needs (Medical, Learning Disabili	ities, Physical Disabilities, etc.):	

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Redmond OR 97756 541-923 - 3390 ext. 208 Child #3 Name:

Gender: Male Female	Birth Date:		
Enrolling in:	Sacraments received: Check	What date was received & provide us with a copy	
☐ First Communion Prep	Baptism:		
☐ Confirmation Prep	1st Communion:		
☐ STA Student	☐Confirmation:		
☐ Youth Group			
☐ Faith Formation k-5th			
Special Needs (Medical, Learning Disabili	ties, Physical Disabilities, etc.):		
	-		
Child #4 Name:	Grade:	_	
Gender: Male Female	Birth Date:		
Enrolling in:	Sacraments received: Check	What date was received & provide us with a copy	
☐ First Communion Prep	Baptism:		
☐ Confirmation Prep	1st Communion: _		
☐ STA Student	Confirmation:		
☐ Youth Group			
☐ Faith Formation k-5th			
Special Needs (Medical, Learning Disabili	ties, Physical Disabilities, etc.):		
Child #5 Name:			
Gender: Male Female	Birth Date:		
Enrolling in:	Sacraments received: Check	What date was received & provide us with a copy	
☐ First Communion Prep	☐Baptism:		
☐ Confirmation Prep	1st Communion: _	MALE ALL ADMINISTRAÇÃO	
☐ STA Student	Confirmation:		
☐ Youth Group			
☐ Faith Formation 5-5th			
Special Needs (Medical, Learning Disabilities, I	Physical Disabilities, etc.):		

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Student Fees: (Half price	for each additional child)		
□ \$50 Sacramen □ \$50 STA Sacra		aation	
Tuition DUE: \$	Tuition PAID: \$	Signature:	W
Church, the Baker Dioces	e of Oregon, the organizers	gree to hold harmless St. Thomas Cathol , supervisors, and participants from any	
I do understand the assur	oury to my child during actined risk in participating in	vity during faith formation. Although sli said activity. Date	ght,
Throughout the year we end our bulletin, Diocesan posted on our website each available online. Names o	Chronicle, or Facebook. Pleh week which means if a pi of children will not be inclu by group photos will be used	ZATION FORM various events. At times the pictures will ease be aware that our bulletins are also cture appears in our bulletin, it will be ded with the photos to protect their iden l. Individual pictures of children will only	tity.
I give my permission for releases for the parish.	or my child's picture to be p	rinted in the church bulletin and/or new	s
I do not give permission releases for the parish.	n for my child's picture to b	e printed in the church bulletin and/or r	ıews
		Parent Signature	