

St. Thomas à Becket Catholic Church

1421 Wiehle Ave. Reston, VA 20190

703-437-7113

www.stbchurch.com

FOR OFFICE USE ONLY

Tuition Paid \$ _____

Tuition Due \$ _____

Signature _____

2023-2024 RELIGIOUS EDUCATION REGISTRATION

Tuition: \$150 for one child, \$200 for two children, \$250 for three or more children.

Grade 2- Additional \$25 per child Grade 8- Additional \$25 per child

Last Name _____

Date ____ / ____ / ____

Father's First Name _____

Street Address _____

Mother's First Name _____

Town _____

Mother's Maiden Name _____

Home Phone # (____) _____ - _____

Cell Phone # (____) _____ - _____

Email _____

NOTE: If any of your children were baptized outside of this parish, a copy of baptismal certificate must accompany this registration form.

CHILD #1

Name _____

Date of Birth ____ / ____ / ____

Sex: M F

School _____

Grade in Sept 2023 _____

Sacraments Received: Baptism Communion Reconciliation Confirmation **Baptized Catholic?** Yes No

Special Needs (medical conditions, learning or physical disabilities, etc.) _____

Tuition is: \$150.00 for one child, \$200.00 for two children, \$250 for three or more children please add additional \$25 for a Grade 2 student and additional \$25 for a Grade 8 student.

Classes will meet on Sunday evenings from 5:00 to 6:15 pm.

Mail completed Registration Form with tuition payment and baptismal certificate if necessary to the Parish at:
St. Thomas à Becket Catholic Church, 1421 Wiehle Ave. Reston, Va. 20190

CHILD #2

Name _____ Date of Birth ____ / ____ / ____ Sex: M F

School _____ **Grade in Sept 2023** _____

Sacraments Received: Baptism Communion Reconciliation Confirmation **Baptized Catholic?** Yes
No

Class Day: _____ *Time:* _____

Special Needs (medical conditions, learning or physical disabilities, etc.) _____

CHILD #3

Name _____ Date of Birth ____ / ____ / ____ Sex: M F

School _____ **Grade in Sept 2023** _____

Sacraments Received: Baptism Communion Reconciliation Confirmation **Baptized Catholic?** Yes
No

Class Day: _____ *Time:* _____

Special Needs (medical conditions, learning or physical disabilities, etc.) _____

CHILD #4

Name _____ Date of Birth ____ / ____ / ____ Sex: M F

School _____ **Grade in Sept 2023** _____

Sacraments Received: Baptism Communion Reconciliation Confirmation **Baptized Catholic?** Yes
No

Class Day: _____ *Time:* _____

Special Needs (medical conditions, learning or physical disabilities, etc.) _____