

St. Thomas à Becket Catholic Church

1421 Wiehle Ave. Reston, VA 20190

703-437-7113 www.stbchurch.com

Angela Bottom, RE Coordinator:

a.bottom@stbchurch.com

FOR OFFICE USE ONLY

Tuition Paid \$ _____

Tuition Due \$ _____

Signature _____

2024-2025 RELIGIOUS EDUCATION REGISTRATION

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

****Please ADD Additional \$25 for Grades 2, 8, and Sacramental Prep Classes****

Please make checks payable to St. Thomas à Becket Catholic Church

Classes meet on Sunday evenings from 5:00-6:15pm

Sunday, September 22nd, 2024 to May 4th, 2025

*Last Name _____

Date ____/____/____

Father's First Name _____ Address _____

Mother's First Name _____ Mother's Maiden Name _____

Home Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____

Email _____

****For New Families: Please provide a copy of your child's Birth Certificate. Please also indicate if your child was baptized at our parish. If baptized outside our parish, a copy of their Baptismal Certificate must accompany this registration form as well.***

CHILD #1

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

School _____ **Grade in Sept 2024** _____ **Baptized Here:** Yes No

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

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

CHILD #2

Name _____ Date of Birth_____/_____/_____ Sex: M F
School _____ **Grade in Sept 2024** _____ **Baptized Here:** Yes No
Sacraments Received: Baptism Communion Reconciliation Confirmation **Baptized Catholic?** Yes No
Special Needs (medical conditions, food allergies, learning or physical disabilities, etc.) _____

CHILD #3

Name _____ Date of Birth_____/_____/_____ Sex: M F
School _____ **Grade in Sept 2024** _____ **Baptized Here:** Yes No
Sacraments Received: Baptism Communion Reconciliation Confirmation **Baptized Catholic?** Yes No
Special Needs (medical conditions, food allergies, learning or physical disabilities, etc.) _____

CHILD #4

Name _____ Date of Birth_____/_____/_____ Sex: M F
School _____ **Grade in Sept 2024** _____ **Baptized Here:** Yes No
Sacraments Received: Baptism Communion Reconciliation Confirmation **Baptized Catholic?** Yes No
Special Needs (medical conditions, food allergies, learning or physical disabilities etc.) _____

Please mail completed Registration Form and Tuition by 9/22/24 to:

St. Thomas à Becket Catholic Church, Attention: Angela Bottom
1421 Wiehle Avenue, Reston, VA 20190

If you anticipate any problems with regular attendance, please contact Angela Bottom, RE Coordinator (703-437-7113/ a.bottom@stbchurch.com).

There are 4 excused absences allowed per school year.