

St. Thomas à Becket Catholic Church

1421 Wiehle Ave., Reston, VA 20190

703-437-7113 www.stbchurch.com

Angela Bottom, Director of RE a.bottom@stbchurch.com

For Office Only

Tuition Paid : \$ _____

Check No. _____ initials _____

2026-2027 RELIGIOUS EDUCATION REGISTRATION

Classes meet Sunday evenings from 5:00-6:15pm, Sept 20, 2026 – May 2, 2027

In order to register for class, you must be registered as a parishioner through the front office.

Tuition: 1 child (\$150.00)	\$ _____
Tuition: 2 children (\$200.00)	\$ _____
Tuition: 3 or more children (\$250.00)	\$ _____
2 nd Gr. (Comm.Prepare #2), 8 th Gr. (Confirm Prep #2), OCIC, OCIT (ADD \$50.00)	\$ _____
Late fee after August 1 st (ADD \$25.00)	\$ _____
TOTAL DUE	\$ _____

Please pay by cash or check made payable to St. Thomas à Becket Church. Need based scholarships are available.

*Last Name _____ Date ____/____/____

Father's First Name _____

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

Address: _____

Home Phone # _____

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

Email: _____ Email _____

***New Families: A copy of your child's Birth Certificate and Baptismal Certificate must accompany this registration form. If your child was baptized at our parish, please submit a birth certificate copy and check the box that they were baptized at St. Thomas à Becket.**

Please mail or turn in completed Registration Form and payment by **August 1st** to:
St. Thomas à Becket Catholic Church, Attn: Angela Bottom, 1421 Wiehle Ave, Reston, VA 20190

Checks should be made payable to St. Thomas à Becket Church

There are 2 unexcused absences allowed per school year.

Please contact **Angela Bottom, DRE**, if you anticipate any problems with regular attendance.

CHILD #1

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

School _____ Grade in Sept 2026 _____

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

Baptized at St. Thomas à Becket? Yes ___ No ___ **Last Grade Attended RE Classes** _____

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

CHILD #2

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

School _____ Grade in Sept 2026 _____

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

Baptized at St. Thomas à Becket? Yes ___ No ___ **Last Grade Attended RE Classes** _____

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

CHILD #3

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

School _____ Grade in Sept 2026 _____

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

Baptized at St. Thomas à Becket? Yes ___ No ___ **Last Grade Attended RE Classes** _____

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

CHILD #4

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

School _____ Grade in Sept 2026 _____

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

Baptized at St. Thomas à Becket? Yes ___ No ___ **Last Grade Attended RE Classes** _____

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