

2025 – 2026 ST. THOMAS PREP STUDENT REGISTRATION FORM

Registration forms should be returned **ASAP** - Bring to the Parish Office,
or mail to St. Thomas PREP, One St. Thomas Plaza, Old Bridge, NJ 08857

CHILD(REN) Last Name:

Parent's Last Name(s):

Address:

City

Zip

Primary #:

Mother's Name:

Mother's Religion:

Mother's EMAIL:

Father's Name:

Father's Religion:

Father's EMAIL:

Mother's Maiden Name:

Mother's Cell # :

Father's Cell #:

STUDENT'S NAME	M or F	YRS. of REL. ED.	BIRTHDATE	BAPTISM REC'D.	EUCCHARIST REC'D.	GRADE IN SEPT.	OFFICE USE DAY	CLASS	FOR OFFICE USE ONLY			
									Family Code: _____			
									PREP Fee: _____			
									Other: _____			
									Amount Due: _____			
									Date	Check #	Paid	Balance

PLEASE CHOOSE THE DAY THAT WORKS BEST WITH YOUR SCHEDULE:

TUESDAY 4:15 PM TO 5:45 PM I can volunteer		THURSDAY 6:00 PM TO 7:30PM I can volunteer		HOME STUDY LEVELS 3, 4, 5 ONLY Your child may be required to attend grade level activities.	
SPECIAL NEEDS STUDENTS ONLY MONDAY: 4:30 to 5:30 PM Name(s):			CONFIRMATION CANDIDATES ONLY Candidates must attend approximately 2 Monday evening sessions per month. Dates TBD. Name(s):		
ST. THOMAS PREP FEES: \$100.00 1 child \$175.00 2 children \$225.00 3 + children Scan QR code to pay by credit card. Choose Fund 'PREP FEES' 			ST. THOMAS PREP PHOTO RELEASE: I give St. Thomas the Apostle permission and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child's image and likeness for parish publications or website. YES NO (If blank we will assume YES)		
I acknowledge receipt of the 2025 - 2026 Parent Handbook and agree with all policies as outlined in the Parent Handbook. Parent Initial:					

EMERGENCY CONTACT INFORMATION:

I authorize St. Thomas PREP to provide emergency medical care for my child(ren) if necessary. In the event of an emergency your child will be brought to the nearest hospital.

In the event of an emergency and we cannot reach you, please list a LOCAL contact person (other than yourself).

Emergency Contact Name:

Phone #:

PARENT AGREEMENT: Recognizing that my involvement as a parent / guardian is of primary importance in helping to prepare my child(ren) for a faith filled life.

>>> I AGREE to bring my child to MASS EVERY SUNDAY and on HOLY DAYS.

>>> I AGREE to send my child to PREP classes EACH WEEK and ON TIME.

>>> I AGREE not to allow my child to miss more than 3 PREP CLASSES THIS YEAR.

I freely choose to enroll my child in PREP and to fulfill the commitment I made at my child's Baptism to develop and strengthen their faith life.

PARENT/GUARDIAN SIGNATURE:

FAMILY INFORMATION: Please check all that apply to you.

Mother's Marital Status: Married, Not Married, Separated, Divorced, Remarried, Widow

Father's Marital Status: Married, Not Married, Separated, Divorced, Remarried, Widower

COURT DOCUMENTS MUST ACCOMPANY YOUR FORM, IF YOU CHECK ANY ITEM BELOW:

****Non-parental guardianship:** Child resides with: Relationship:

****Custody or Visitation Issues:** If anyone is NOT ALLOWED to pick up your child please list & explain below:

PLEASE COMPLETE THE FOLLOWING QUESTIONS IF YOUR CHILD(REN) HAVE SPECIFIC NEEDS: PLEASE CHECK ALL THAT APPLY

This important information helps the Catechist meet your child's specific needs. **ALL INFORMATION IS KEPT CONFIDENTIAL.**

CHILD'S NAME:

PLEASE LIST ALL MEDICATIONS, ALLERGIES,
MEDICAL CONDITIONS (i.e Asthma, Diabetes, etc.)
& OTHER IMPORTANT INFORMATION:

ADD, ADHD, EPI-PEN, INHALER

ALLERGIES, MEDICAL CONDITION(S), MEDICATION(S):

SPECIAL SERVICES

(IEP, RESOURCE ROOM, IN-CLASS SUPPORT):

CHILD'S NAME:

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MEDICAL CONDITIONS (i.e Asthma, Diabetes, etc.)
& OTHER IMPORTANT INFORMATION:

ADD, ADHD, EPI-PEN, INHALER

ALLERGIES, MEDICAL CONDITION(S), MEDICATION(S):

SPECIAL SERVICES

(IEP, RESOURCE ROOM, IN-CLASS SUPPORT):