

✓ Check One: _____ **Registered at St. Michael's** _____ **Registration** _____ \$35/1 student _____ **Out of** _____ \$60/1 student
 _____ **Out-of-Parish Registration** _____ **& Materials** _____ \$65/2 students _____ **Parish** _____ \$90/2 students
 _____ **Not Registered in a Parish** _____ **Fee** _____ \$95/3 or more _____ **Fees** _____ \$120/3 or more

PLEASE PRINT
 CLEARLY PRIMARY PHONE# _____ PRIMARY E-MAIL: _____

Father's Name: _____ **Mother's Name:** _____
 First Name Last Name First Name Last Name
 Cell Phone # Work Phone # Cell Phone # Work Phone #
 E-mail Address E-mail Address

Mailing Address: _____ **Student Resides With:** _____
 Street Apartment# City/Zip relationship

Emergency Contact: _____
 (not in household) Name: _____ Relationship (Grandparent/Aunt/Friend/etc.) _____ 10 digit phone # _____

Volunteer information	*Please check all areas you would consider helping in			_____ Grade Level Preference
_____ Catechist/Teacher	_____ Classroom Aide	_____ Substitute Teacher/Aid	_____ Lesson Prep	
_____ Sacramental Preparation	_____ Administration Desk	_____ Security	_____ Other	

Payment is due with registration. Make checks payable to St. Michael's _____ Check here if you need a payment plan/scholarship application

FOR OFFICE USE ONLY		CHURCH ID# _____
TOTAL FEES DUE: \$ _____	Fees Paid: Y N	Scholarship _____ Check# _____ Cash _____ Balance _____
Liability/Medical Forms Received	Policies Acknowledgement R'cvd	Copy of Sacrament Certificate
_____ Date	_____ Date	Baptism _____ Communion _____ Confirmation _____

CHILD(REN) INFO AND CLASS SCHEDULE SELECTION ON BACK OF FORM

<u>CLASS SCHEDULE:</u>	<u>DAY</u>	<u>TIME</u>	<u>GRADES</u>	<u>CODE</u>
	Wednesday	6:15pm – 7:30pm	K – 6	W
	Sunday	11:00am – 12:15pm	PK – 6	S (only session for 4 yr. olds)
	Sunday	6:00pm – 8:00pm	7-12	YM

STUDENT INFORMATION

CODE: **B** = *Baptism*
C = *1st Communion*

R = *Reconciliation*
CF = *Confirmation*

List Name/s of Student/s In order of OLDEST to YOUNGEST	Session Code	Gender M or F	D.O.B. m/d/y	Grade In 2011 -12	Sacraments Received <i>Circle all that apply</i>				R.C.I.A. Candidate	* Allergy/ Med. Condition/ Special Needs
					B	R	C	CF		
					B	R	C	CF		
					B	R	C	CF		
					B	R	C	CF		
					B	R	C	CF		
					B	R	C	CF		
					B	R	C	CF		
					B	R	C	CF		

** Please list any additional information that will help us serve your child better. This information will remain confidential.*

Signature of Parent/Guardian

Date