

ST. MICHAEL'S FAITH FORMATION REGISTRATION 2022-2023
REGISTRATION FEE: \$60/one child, \$80/two children, \$100/three or more children
Please make checks payable to St. Michael's Parish Faith Formation.
(If this presents a hardship, please let us know!)

FAMILY NAME _____

Father's Name _____

Mother's Name _____

Address _____

Address _____

Home Phone # _____

Home Phone # _____

Cell Phone # _____

Cell Phone # _____

Work Phone # _____

Work Phone # _____

Email Address _____

Email Address _____

Religion _____

Religion _____

Marital Status _____

Marital Status _____

With whom does the child reside? _____

BY REGISTERING FOR FAITH FORMATION, YOU AGREE TO ATTEND ANY ADULT SESSIONS. CHILDREN WILL NOT BE ALLOWED TO ATTEND WITHOUT A PARENT PARTICIPATING IN THESE SESSIONS. _____(initial)

Child #1 _____

Date of Birth _____

Baptized (date) _____ **(where)** _____ -

School _____ **School Grade(22-23)** _____ **Rel. Ed. Grade(22-23)** _____

Medical Conditions & Medications _____

Special Needs _____

T-Shirt Size _____

Child #2 _____

Date of Birth _____

Baptized (date) _____ **(where)** _____

School _____ **School Grade(22-23)** _____ **Rel. Ed. Grade(22-23)** _____

Medical Conditions & Medications _____

SpecialNeeds _____

T-Shirt Size _____

**PLEASE NOTE THAT MEDICAL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE AND SHARED ONLY
WITH YOUR CHILD'S CATECHIST.**

EMERGENCY INFORMATION

In the event of an emergency, all efforts will be made to first reach the parents. If the parents cannot be reached, please contact the person listed below.

Name/Relationship_____ Phone_____

RELEASE AND CONSENT FORM

I, _____, give permission for my child(ren) to attend religious education classes and other components of the curriculum and if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practices by licensed medical personnel.

I relieve the parish of St. Michael the Archangel of all responsibility and consequences that may arise as a result of this treatment. I will not hold St. Michael's Church, its volunteers, or its representatives responsible in the event of an injury.

Further, I will agree to accept any and all financial responsibility as a result of scheduling such treatment.

Parents' Signatures

Date_____

PERMISSION FOR PHOTOGRAPHS/VIDEOS/FILMS

I hereby authorize and give my consent for the taking of pictures, moving or still, of my family members and further give my permission for their reproduction for:

1. Teaching purposes 2. News Releases 3. Publications 4. Community Awareness Programs
Please note any restrictions you may have to the above information.

Parent signatures

Date_____

OFFICE ONLY

DATE RECEIVED_____

AMOUNT PAID \$_____ **Check#**_____

Cash_____

FAMILY NAME_____

Child #3_____ Date of Birth_____

Baptized (date)_____ (where)_____

School_____ School Grade(22-23)_____ Rel. Ed. Grade(22-23)_____

Medical Conditions & Medications_____

Special Needs_____ T-Shirt Size_____

Child #4_____ Date of Birth_____

Baptized (date)_____ (where)_____

School_____ School Grade(22-23)_____ Rel. Ed. Grade(22-23)_____

Medical Conditions &
Medications_____

SpecialNeeds_____ T-Shirt Size_____