

**ST. MICHAEL RELIGIOUS EDUCATION
2008/09 NEW REGISTRATION**

FAMILY NAME _____ STUDENT NAME IF DIFFERENT _____

ADDRESS _____ CITY _____ ZIP _____ ENVELOPE NO. _____

TELEPHONE (____) _____ CELL NO. (____) _____ E-MAIL ADDRESS _____

FATHER'S FULL NAME _____ DENOMINATION _____

MOTHER'S FULL NAME _____ DENOMINATION _____
(maiden name included)

CHILD'S FULL NAME	SEX/AGE	DATE OF BIRTH	GRADE 2008/09	PUBLIC SCHOOL	ATTENDED RELIGIOUS ED. LAST YEAR-Y/N- INDICATE PLACE

SACRAMENTAL INFORMATION

CHILD'S NAME	BAPTISMAL CHURCH/DATE	VERIFY	EUCARIST CHURCH/DATE	RECONCILIATION CHURCH/DATE	CONFIRMATION CHURCH/DATE

*****Please fill out the back of this form*** →→→**

FAMILY RECORD

PARENT STATUS: SINGLE () MARRIED () SEPARATED () MOTHER REMARRIED () DECEASED ()
DIVORCED () FATHER REMARRIED () DECEASED ()

CHILDREN LIVE WITH (NAME) _____ PERSON WITH CUSTODY (NAME) _____
JOINT CUSTODY () SOLE CUSTODY ()

Does your child/ren have any allergies, special medications, learning situations (ADD,HDL,LDD), hearing or seeing difficulties? Yes () No ()
If Yes, name of child and explanation (please provide specific instructions as appropriate):

WHAT LANGUAGE IS SPOKEN IN THE HOME OTHER THAN ENGLISH: _____

EMERGENCY AND DISMISSAL INFORMATION

In the event that I cannot be reached for an injury or illness of my child that would require a dismissal, I give my permission to contact the names listed below:

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE () _____ RELATIONSHIP _____

MOTHER'S PLACE OF EMPLOYMENT & PHONE _____ () _____

FATHER'S PLACE OF EMPLOYMENT & PHONE _____ () _____

I _____ HEREBY REGISTER MY CHILD(REN) FOR RELIGIOUS EDUCATION. DATE _____
PARENT/GUARDIAN

DISMISSAL RECORD

NAME _____ DATE _____ REASON _____

NAME _____ DATE _____ REASON _____

NAME _____ DATE _____ REASON _____