

St. Michael Religious Education Program 2009 - 2010

543 Bridge Street - Lowell MA - 01850 - 978-459-0713

Registration for Grades Pre-K - 11

PLEASE PRINT ALL INFORMATION

FAMILY LAST NAME: _____

Street: _____ City/State/Zip: _____

Telephone: _____ **Is your family NEW to our program? Yes No**

RESPONSIBLE PARENT(S) / GUARDIAN: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Maiden Name: _____

Emergency Contact Name: _____ Telephone: _____

STUDENT'S INFORMATION (and Religious Ed Grade):

1. First Name: _____ Last Name: _____ Grade: _____

2. First Name: _____ Last Name: _____ Grade: _____

3. First Name: _____ Last Name: _____ Grade: _____

4. First Name: _____ Last Name: _____ Grade: _____

IMPORTANT: COMPLETE THE BACK OF THIS FORM FOR EACH CHILD.

Return this form with REGISTRATION FEE

Pre-K - 10: \$60 per child / Family maximum \$120

Grade 11: Confirmation Registration Fee: Only \$30

AFTER SEPTEMBER 1st - add a \$10 Late Fee for each child - all grades

For NEW STUDENTS not Baptized at St. Michael's - Include:

_____ "Long Form" (with parents' names) **BAPTISM CERTIFICATE** OR

_____ "Short Form" (without parents' names) **BAPTISM CERTIFICATE**
PLUS a copy of student's Birth Certificate

Student #1:
First Name: _____ Last Name: _____ Sex: _____
Date of Birth: _____ School: _____ Grade: _____
Date of Baptism: _____ Church: _____
City/State: _____
Has this student made: **1st Penance:** Yes _____ No _____ **1st Communion:** Yes _____ No _____
Special Needs: _____

Student #2:
First Name: _____ Last Name: _____ Sex: _____
Date of Birth: _____ School: _____ Grade: _____
Date of Baptism: _____ Church: _____
City/State: _____
Has this student made: **1st Penance:** Yes _____ No _____ **1st Communion:** Yes _____ No _____
Special Needs: _____

Student #3:
First Name: _____ Last Name: _____ Sex: _____
Date of Birth: _____ School: _____ Grade: _____
Date of Baptism: _____ Church: _____
City/State: _____
Has this student made: **1st Penance:** Yes _____ No _____ **1st Communion:** Yes _____ No _____
Special Needs: _____

Student #4:
First Name: _____ Last Name: _____ Sex: _____
Date of Birth: _____ School: _____ Grade: _____
Date of Baptism: _____ Church: _____
City/State: _____
Has this student made: **1st Penance:** Yes _____ No _____ **1st Communion:** Yes _____ No _____
Special Needs: _____