



ST. MICHAEL PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION 2017-2018

Religious Education Office (Gr. 1-5), (978)682-9484 Youth Ministry Center (Gr. 6-10), (978)686-4050

(Please **PRINT CLEARLY** and complete form on **BOTH** sides)

Parent/Guardian #1 _____

Parent/Guardian #2 _____

Address (street, city, state, zip) _____

Home Telephone _____

(PLEASE PRINT e-mail addresses CLEARLY!)

Parent/Guardian #1 E-mail _____ Parent/Guardian #2 E-mail _____

GRADES 1-5

MIDDLE SCHOOL 6-8

CONFIRMATION 9 & 10

Sun: 10:15–11:15am
Mon: 3:45pm–4:45pm
Tues: 3:45pm–4:45pm
Wed: 3:45pm–4:45pm
Neighborhood Class (established)

Sun: 10:15–11:15am
Mon: 2:45–4:05pm
Tues: 2:45–4:05pm
Wed.: 3:45-4:45pm
Neighborhood Class (established)

Grade 9 Sun: 4:30–7pm
Grade 9 Sun: 6–8:30pm
Grade 10 Sun: 4:30–7pm
Grade 10 Sun: 6–8:30pm

Placement in class is on a "FIRST COME, FIRST SERVED BASIS" when accompanied by payment

(Please select class choice from options listed above.)

Student _____ School _____ Grade _____ Y or N
Class Choice*: 1st _____ 2nd _____
Teacher Request (if possible): _____

Student _____ School _____ Grade _____ Y or N
Class Choice*: 1st _____ 2nd _____
Teacher Request (if possible): _____

Student _____ School _____ Grade _____ Y or N
Class Choice*: 1st _____ 2nd _____
Teacher Request (if possible): _____

Student _____ School _____ Grade _____ Y or N
Class Choice*: 1st _____ 2nd _____
Teacher Request (if possible): _____

Student _____ School _____ Grade _____ Y or N
Class Choice*: 1st _____ 2nd _____
Teacher Request (if possible): _____

I would be willing to: _____ Teach a class - List Grade, Day & Time _____
_____ Substitute Teach _____ Be a Teachers Aide/Hall Monitor _____ Be an office helper

RELIGIOUS EDUCATION TUITION/BOOK/MEDIA COST (For grades 1-10)

Received on or before July 7, 2017	**Received after July 7, 2017**
One Child \$90 (+ fee, if applicable)	One Child \$120 (+ fee, if applicable)
Two Children \$160 (+ fees, if applicable)	Two Children \$200 (+ fees, if applicable)
Three or More Children \$230 (+ fees, if applicable)	Three or More Children \$280 (+ fees, if applicable)
Grade 2 - Fee: First Communion Child – add \$40 per child (for First Communion expenses)	
Grade 10 - Fee: Confirmation II Child – add \$100 per child (for Confirmation expenses)	
Financial Assistance is available; please contact the appropriate grade level office for more information	

Checks should be made payable to "St. Michael Parish - CRE"

You **must** check this box if you have paid online (www.saint-michael.org, click giving, then online giving)

Please return this form, with payment, to: St. Michael Religious Education/Registration, 80 Maple Avenue, North Andover, MA 01845 or it may be dropped off at the Pastoral Center.

For Office Use Only:

Date Received _____ Amount paid _____ Check # _____

EMERGENCY CONTACT INFORMATION (2017-2018)

For Office Use Only

CC: ___	Gr. 1-5
___	Gr. 6-8
___	Gr. 9-10

Today's Date _____

I, as the parent or guardian of the child(ren) listed below, authorize the staff and personnel of St. Michael Parish to treat my son or daughter in case of emergency. Further, I (we), release the staff and personnel of St. Michael Parish from any act or omission conducted in the course of rendering such care to my son or daughter. In the event of an emergency, your child will be taken to the nearest hospital, unless otherwise notified. In case of a medical emergency, I give permission for my child to be treated by a physician. *Please be advised that students names and/or photos may appear in the parish bulletin, other parish publications, parish social media sites, and/or local newspapers. If you do not give us permission to do so, please contact the Rel. Ed. office in writing by 9/15/17.*

Parent/Guardian Signature: _____

Parent/Guardian Name(s) (please print): _____

Address: _____

Home Telephone: _____

Parent/Guardian #1 Work Telephone: _____ Cell: _____

Parent/Guardian #2 Work Telephone: _____ Cell: _____

If we are unable to reach you, please give us the names of someone we may contact in case of emergency:

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Please **list each of your children in our program** and **whether or not** they have any special needs, learning issues, allergies or medical conditions that we should know about:

1st Child's Name: _____ (as of 9/17)
Grade _____

My child has the following medical conditions/special needs: _____

2nd Child's Name: _____ (as of 9/17)
Grade _____

My child has the following medical conditions/special needs: _____

3rd Child's Name: _____ (as of 9/17)
Grade _____

My child has the following medical conditions/special needs: _____

4th Child's Name: _____ (as of 9/17)
Grade _____

My child has the following medical conditions/special needs: _____

5th Child's Name: _____ (as of 9/17)
Grade _____

My child has the following medical conditions/special needs: _____