

FAMILY NAME: _____

St. Michael the Archangel Faith Formation Registration for 2015 - 2016

PLEASE BE SURE YOU COMPLETE ALL INFORMATION REQUESTED ON BOTH SIDES OF THE FORM.

SIGN AND DATE ON SIDE -2- BEFORE RETURNING THIS FORM!

NOTE: COMPLETION OF THIS FORM DOES NOT REGISTER YOUR CHILD FOR SACRAMENTAL PREPARATION

Please print or type all information.

| | | | | |
|---|------------------------------|----------------------|----------------------|-------------------|
| Family Name | Mother/Guardian's First Name | Mother's Cell Number | Mother's Work Number | Mother's Email |
| Child(ren) reside with: circle one Both Parents Mother Father Guardian(s) | Father/Guardian's First Name | Father's Cell Number | Father's Work Number | Father's Email |
| Street Address | | City, State | Zip | Home Phone Number |

| |
|--------------------------------|
| FOR OFFICE USE ONLY |
| DATE: _____ |
| AMT. _____ |
| CK.# _____ |
| BY: _____ |
| Subsidy: _____ |
| Total: _____ |

Please select the program of your choice:

| |
|--|
| <p>Please indicate session preference for children in the program</p> <p>_____ Sunday Session: Pre-K- 8th grades – 9:30 AM – 11:45 AM (Session begins in church at the 9:30 AM Mass)</p> <p>_____ G.I.F.T. Family Faith Formation: K- 7th grades – meets on 6 Tuesdays beginning September 29th.</p> |
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Student Information

| Child(ren)'s First Name(s) <small>(Use <u>Last</u> only if different from Family Name)</small> | Gender M/F | Birthdate M/DD/YYYY | Grade entering in Sept. | Special Needs <small>(Food Allergies, IEP, Reading Difficulties, etc.)</small> | Check Sacraments Already Received | | |
|---|---------------|------------------------|-------------------------------|---|--------------------------------------|---------------------|-----------|
| | | | | | Baptism | Reconcil- iation | Eucharist |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

Fees: Register before August 1st to receive the reduced rate.

| # of Children | Tuition paid in full by August 1st | Partial or full payment after August 1st |
|------------------------|------------------------------------|--|
| Single Child | \$125.00 | \$150.00 |
| Two Children | \$170.00 | \$195.00 |
| Three or more Children | \$195.00 | \$220.00 |

Tuition can now be paid by credit card on the parish website www.smooverlea.org

Tuition can now be paid on the parish website www.smooverlea.org or by a check payable to **St. Michael's**. **To receive the tuition break, tuition must be paid in full by August 1st.** A minimum 50% deposit must accompany the registration form. However full payment is gratefully accepted! Please do not hesitate to contact Nikki Lux if financial assistance is needed. "Tuition Assistance" paperwork must be filled out and payment plan established..

Registrations received after September 10th may not be processed in time for the first class and may be counted as an absence for returning students.

By registering my child(ren) in the Faith Formation Program, I understand that:

- My family must be registered at St. Michael the Archangel Parish.
- Completion of this form does not register my child for Sacramental Preparation (1st Communion, Reconciliation or Confirmation). Please contact Nikki Lux.
- As an integral part of our faith formation curriculum, we will be offering Catechesis for Family Life. This age-appropriate program about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that will be sent home in grades Kindergarten through 8th. After examining the program, if you have any questions or concerns about your child participating in this program, please contact *Nikki Lux*, the Director of Faith Formation.
- Classes begin promptly at the beginning of the 9:30 AM Mass. Children must be in their pew by the opening song. Make up work is expected when absent.
- Photos taken during Faith Formation events may be used for publication. _____ Yes _____ No. (please check one)
- Children on the 1st and 2nd floor must be picked up at their classroom by an adult or older sibling (6th 7th or 8th grader).

Date _____ Parent/Guardian Signature _____

If you or your teen-ager would like to volunteer to help in a classroom, please call the office so we can set you up with the necessary child protection information that must be completed before classes begin.