

FAMILY NAME: _____

St. Michael the Archangel Faith Formation Registration for 2012 - 2013

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 – 9:45 am – 11:15 am</p> <p>_____ G.I.F.T. Family Faith Formation: K- 6th grades – meets on 6 Tuesdays</p> <p style="text-align: center;">during the year beginning on 9/25</p>

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 in School 2012-13	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 before August 1st	Partial or full payment after August 1 st
Single Child	\$100.00	\$125.00
Two Children	\$145.00	\$170.00
Three or more Children	\$170.00	\$195.00

Make checks payable to **St. Michael's**. A minimum 50% deposit must accompany the registration form. However full payment is gratefully accepted! Balance will be due the first week of class unless other arrangements have been made with the director and a tuition assistance form filled out. Please do not hesitate to contact Nikki Lux if financial assistance is needed so that a payment plan can be developed

Registrations received after August 30th 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 _____.
- **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 designated time and attendance is required for the entire length of class in order to be credited with attendance.
- 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 _____