

For Office Use

Family Name: _____

Fee: _____ Amt Pd _____

St. Michael the Archangel
Parish Religious Education
2017-2018 Re-Registration Form

Fees
2017-2018
\$100 one child
\$130 two children
\$160 three or more
children in one family

Families with a new student can register all children on the New Student Registration form available in the P.R.E.P. office.

FAMILY NAME: _____

Are you currently a registered member of St. Michael Parish? (circle one) Yes No
If no, where are you registered? _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____

PHONE: (home) _____ (cell) _____

E-MAIL: _____

CUSTODY: Are there any custody/legal issues? yes no

How do you want to be reached by School Messenger? (check all that apply)

Cell phone text/call _____ Landline _____ E-mail _____

EMERGENCY CONTACT (in the event we cannot reach the parent)

NAME: _____ PHONE: _____

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on this page of the registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St. Michael the Archangel Parish.

Signed (Parent/Legal Guardian) Date: _____

For the 2017 – 2018 School Year					
Child's Name	PREP Level	Day School Grade	Day School Name	Allergies/Conditions Medications	IEP Learning Support Services*

*If additional information about your child's needs would help to ensure a pleasant learning experience, please contact the Religious Education Office in person or by phone.

Signature: _____ Date: _____

Relationship to child(ren): _____