

For Office Use
 Family Name: _____
 Fee: _____ Amt Pd _____

St. Michael the Archangel
 Parish Religious Education
 2019-2020 Re-Registration Form

Fees
 2019 - 2020
 \$125 one child
 \$175 two or more
 children in one
 family

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 If yes, please provide a copy of the latest court order.

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: _____

Does your child need an Epi-Pen? Yes No **If yes, can your child administer an Epi-Pen? Yes No**

CONSENT FORM

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: _____

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): _____