



ST. MICHAEL PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION 2011-2012

(Please PRINT CLEARLY and complete form on BOTH sides)

Mother's Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Are mother and father currently married to each other? Y or N

(PLEASE print e-mail addresses CLEARLY!)

Mother's E-mail \_\_\_\_\_ Father's E-mail \_\_\_\_\_

GRADES 1-5

Sun: 10:15-11:15am
Mon: 3:45pm-4:45pm
Tues: 3:45pm-4:45pm
Wed: 3:45pm-4:45pm
Home Study(1 on 1 w/parent)(N/A Gr. 2 & 3)
Neighborhood Class (established)

MIDDLE SCHOOL 6-8

Sun:10:15-11:15am
Mon: 2:30-4:00pm
Tues: 2:30-4:00pm
Wed. (eve): 7-8:15pm
Home Study(1 on 1 w/parent)
Neighborhood Class (established)

CONFIRMATION 9 & 10

Grade 9 Sun: 4:30-5:45pm
Grade 9 Sun: 7:15-8:30pm
Grade 9/Catholic Option: 4:30-5:45pm\*
Grade 9/Catholic Option: 7:15-8:30pm\*
Grade 10 Sun: 4:30-5:45pm
Grade 10 Sun: 7:15-8:30pm

\* See cover letter for info on Gr. 9 Catholic Option

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 \_\_\_\_\_ (as of 9/11) New Student to our Rel. Ed.?
Grade \_\_\_\_\_ Y or N
Teacher Request (if possible): \_\_\_\_\_
Class Choice\*: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_ (as of 9/11) New Student to our Rel. Ed.?
Grade \_\_\_\_\_ Y or N
Teacher Request (if possible): \_\_\_\_\_
Class Choice\*: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_ (as of 9/11) New Student to our Rel. Ed.?
Grade \_\_\_\_\_ Y or N
Teacher Request (if possible): \_\_\_\_\_
Class Choice\*: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_ (as of 9/11) New Student to our Rel. Ed.?
Grade \_\_\_\_\_ Y or N
Teacher Request (if possible): \_\_\_\_\_
Class Choice\*: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_ (as of 9/11) New Student to our Rel. Ed.?
Grade \_\_\_\_\_ Y or N
Teacher Request (if possible): \_\_\_\_\_
Class Choice\*: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

I would be willing to: \_\_\_\_\_ Teach a class - List Grade, Day & Time \_\_\_\_\_
\_\_\_\_\_ Substitute Teach \_\_\_\_\_ Be a Teachers Aide/Hall Monitor \_\_\_\_\_ Assist with classroom preparations

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

Table with 2 columns: Description and Cost. Rows include: One Child \$110 (+ fee, if applicable), Two Children \$180 (+ fees, if applicable), Three or More Children \$250 (+ fees, if applicable), Grade 2 - Fee: First Communion Child - add \$35 per child, Grade 10 - Fee: Confirmation II Child - add \$75 per child. Includes a note: \*Financial Assistance is available; please contact the appropriate grade level office for more information\*

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

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.

Religious Education Office (Gr. 1-5), (978)682-9484

Youth Ministry Center (Gr. 6-10), (978)686-4050

For Office Use Only:

Date Received \_\_\_\_\_ Amount paid \_\_\_\_\_ Check # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (2011-2012)**

*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 release the staff and personnel of St. Michael Parish from any act or omission conducted in the course of rendering such care to my child(ren). In the event of an emergency, children will be taken to the nearest hospital, unless otherwise notified. In case of a medical emergency, I give permission for my child(ren) to be treated by a physician. *Please be advised that students' names or photos may appear in the parish bulletin & other parish publications. If you do not give us permission to do so, please contact the Rel. Ed. office in writing.*

Parent's Signature: \_\_\_\_\_

Parent(s) Name(s) (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mother's Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's 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 or medical conditions that we should know about:**

1<sup>st</sup> Child's Name: \_\_\_\_\_ *(as of 9/11)*  
Grade \_\_\_\_\_

My child has the following medical conditions/special needs: \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ *(as of 9/11)*  
Grade \_\_\_\_\_

My child has the following medical conditions/special needs: \_\_\_\_\_  
\_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ *(as of 9/11)*  
Grade \_\_\_\_\_

My child has the following medical conditions/special needs: \_\_\_\_\_  
\_\_\_\_\_

4<sup>th</sup> Child's Name: \_\_\_\_\_ *(as of 9/11)*  
Grade \_\_\_\_\_

My child has the following medical conditions/special needs: \_\_\_\_\_  
\_\_\_\_\_

5<sup>th</sup> Child's Name: \_\_\_\_\_ *(as of 9/11)*  
Grade \_\_\_\_\_

My child has the following medical conditions/special needs: \_\_\_\_\_  
\_\_\_\_\_