

ST. MICHAEL'S RELIGIOUS FORMATION
80 FARNUM PIKE
SMITHFIELD, RI 02917 (401) 231-1340

†Registration Form†
GRADES 1-10 - 2011-2012

STUDENT'S NAME _____
(LAST) (FIRST) (MI) Male Female

ADDRESS _____ PHONE _____
(CITY/TOWN) (ZIP)

Mother's cel # _____ Father's cel# _____

Parent's email _____

BIRTHDAY ____/____/____ SCHOOL _____ GRADE (IN SEPT.) _____

FATHER'S NAME _____ MOTHER'S (FIRST & MAIDEN) _____

Occupation _____ Occupation _____

Talents or Interests _____

Ministries (Eucharistic Minister, lector etc.) _____

FATHER'S RELIGION _____ MOTHER'S RELIGION _____

WHEN SENDING MAIL, ADDRESS TO (CHOOSE ONE): Mr./Mrs. Mr. Mrs. Ms. Miss Dr./Mrs. Mr./Dr. other _____

IF PARENTS ARE SEPARATED OR DIVORCED, WITH WHOM DOES THE CHILD RESIDE?

(Note: All information is strictly confidential) _____

PLEASE LIST ANY INFORMATION THAT WE SHOULD HAVE ON FILE: Learning Disabilities, Handicaps, Allergies, etc. (This information is also confidential) _____

IF YOUR CHILD IS ENTERING THE PROGRAM FOR THE FIRST TIME, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BAPTISM ____/____/____ CHURCH _____ CITY/STATE _____

1ST PENANCE ____/____/____ CHURCH _____ CITY/STATE _____

1ST COMMUNION ____/____/____ CHURCH _____ CITY/STATE _____

(If your child received the sacraments at St. Michael's, please indicate so. If your child received the sacraments at another church, please forward certificates.)

IN THE EVENT TO AN EMERGENCY, IF YOU ARE UNABLE TO REACH ME, PLEASE CONTACT THE FOLLOWING:

Name _____

Relationship to child _____

Address _____

Home Phone Number _____ Cell# _____

I WISH TO REGISTER MY CHILD FOR:

†**GRADES 3, 4, 5, 6** (only) Please, check off either summer or fall program

SUMMER PROGRAM _____ JULY 18 – 22; July 25 - 29 Monday thru Friday 8:30AM-12PM

FALL PROGRAM _____ SEPTEMBER – APRIL

†**GRADES 7, 8, 9**, (only) Please, check off either summer or fall program

SUMMER PROGRAM _____ AUGUST 9 – 12; Tuesday thru Friday; and
AUGUST 15-19: Monday thru Friday, 8:30AM-12PM

FALL PROGRAM _____ SEPTEMBER-APRIL

†**GRADES 1, 2, 10 (FALL PROGRAM ONLY)** _____ (Sept.-April) **GRADE IN SEPT.** _____

REGISTRATION FEE: \$25 PER CHILD (\$60 FAMILY LIMIT), in addition to Grade 1 and 2, \$10 book fee

Checks can be made out to "St. Michael's Church" and can be mailed or placed in the collection basket at the weekend Masses marked "Religious Formation".

PARENT(S)/GUARDIAN'S SIGNATURE _____

Office use:

Date received _____

Grade 1 and 2 Book Fee \$10.00 _____

Payment enclosed _____

Waiver Fee _____

Teacher (no charge) _____

