

St. Michael the Archangel Elementary Level Faith Formation Registration 2008-2009

Father
Name: _____

Mother
Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

(We will be communicating by e-mail whenever possible.)

Phone: _____ Cell: _____

Phone: _____ Cell: _____

Are you a registered Parishioner of St. Michael the Archangel Catholic Church? _____

If not, please attend a New Member lunch or dinner to register as a Parishioner. (See St. Michael website for calendar of dates)

Registration in Parish is necessary to participate in Elementary Faith Formation program.

Registration Fee is \$65 for one child and \$90 for two or more children. Scholarships are available.

Student Name (please print <i>clearly</i>)	Male Or Female	Date Of Birth	Grade Level For 2008- 2009	On-Site day/time (options below) choose one	Catechesis of the Good Shepherd (COGS-Atrium) level/day/time (options below)	Attend COGS before?	Home School	Off- Site	<u>SACRAMENTS NEEDED:</u> *Baptism *Reconciliation *First Communion

Pre-K/Kindergarten: Sunday 8:45am OR 10:30am OR 12:15pm

Grades 1-6 On-Site: Tuesday 5-6pm OR 6:30-7:30pm

Wednesday 5-6pm OR 6:30-7:30pm

Thursday 5-6pm

Catechesis of the Good Shepherd (Atrium): This is a very popular program with limited space. Please register ASAP for this program.

Level I (PK/K): Tuesday 3:30-4:30pm OR Tuesday 5:00-6:00pm

Level II(Grade 1,2,3): Thursday 3:30-4:30pm OR Thursday 5:00-6:00pm

Level III (Grade 4,5,6): Wednesday 5:00-6:00pm

Has your child been baptized Roman Catholic? Yes _____ No _____

**If no, please make an appointment with our Director, Claudette Marks, at emarks@stmichaelcary.org or 468-6109.

Has your child made his/her First Reconciliation? Yes _____ No _____ First Eucharist? Yes _____ No _____

If no, please enclose a copy of your child's Baptismal Certificate and include the name and address of the church in which your child was baptized in the space provided. _____

To serve your family properly, please list any special needs or allergies that your child's catechist and/or the Director should be aware of.

Child's Name: _____ Need or Allergy: _____

Child's Name: _____ Need or Allergy: _____

Additional Information:

For Office Use Only:

Date of Registration: _____ St. Michael Parishioner: _____

One Child (\$65) Check #: _____ Cash _____

Two or more Children (\$90) Amt. Paid. _____

Child: _____ Catechist: _____ Rm.#: _____ Day/Time: _____

Child: _____ Catechist: _____ Rm.#: _____ Day/Time: _____

Child: _____ Catechist: _____ Rm.#: _____ Day/Time: _____