**ST. MICHAEL'S PARISH – UNION, NJ**
**2026-2027 RELIGIOUS EDUCATION REGISTRATION**

**PRIMARY PARENT-GUARDIAN / ADDRESS**

Family Name (e.g. SMITH): _____ Home Phone (if applicable):_____

Address: _____
Street Town Zip Code

**FATHER / GUARDIAN**

Name: _____Religion: _____
First Last

Address (if different from above): _____

Cell Phone: _____ Work Phone: _____ E-mail: _____

**MOTHER / GUARDIAN**

Name: _____Religion: _____
First Last Maiden

Address (if different from above): _____

Cell Phone: _____ Work Phone: _____ E-mail: _____

***EMERGENCY CONTACT**

Name: _____ Phone: _____ Relation to child: _____

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**PROGRAMS BEING OFFERED**

| | |
|---|---|
| **Grades -1st -8th** | **Sunday (10:30am -11:45am)** |
| **Grades -1st -5th** | **Monday ( 3:30pm - 4:45pm)** |
| **Grades -6 -8th** | **Tuesday ( 7:00pm - 8:15pm)** |
| **Sacramental Class (Grade 2)** | **Sunday & Monday** |

**REGISTRATION**

**CHILD 1**

**First & Last Name _____Birth Date:_____Boy____Girl_____**

**Public School Attending/Grade Entering in Sept 2026:_____**

**Last Grade Completed in Religious Education: _____When/Where _____**

**Has the child been Baptized? Yes____ No ____ Church Name/City & State _____**

**Received First Communion? Yes_____No _____Church Name/City & State _____**

**Choice of Class Day/Time (Grades 1-8th only): Sunday at 10:30am_____ Monday at 3:30pm_____**
**Tuesday at 7:00pm _____**

**Allergies, Learning Needs & Other Special Concerns – We strive to provide the best possible learning environment for your child. Please include any important information the catechist should be aware of, or indicate "None" if there are no concerns. All information will be kept strictly confidential._____**

**CHILD 2**

**First & Last Name _____Birth Date:_____Boy____Girl_____**

**Public School Attending/Grade Entering in Sept 2026:_____**

**Last Grade Completed in Religious Education: _____When/Where _____**

**Has the child been Baptized? Yes____ No ____ Church Name/City & State _____**

**Received First Communion? Yes_____No _____Church Name/City & State _____**

**Choice of Class Day/Time (Grades 1-8th only): Sunday at 10:30am_____ Monday at 3:30pm_____**
**Tuesday at 7:00pm _____**

**Allergies, Learning Needs & Other Special Concerns : _____**

**_____**

**CHILD 3**

**First & Last Name _____Birth Date:_____Boy____Girl_____**

**Public School Attending/Grade Entering in Sept 2026:_____**

**Last Grade Completed in Religious Education: _____When/Where _____**

**Has the child been Baptized? Yes____ No ____ Church Name/City & State _____**

**Received First Communion? Yes_____No _____Church Name/City & State _____**

**Choice of Class Day/Time (Grades 1-8th only): Sunday at 10:30am_____ Monday at 3:30pm_____**
**Tuesday at 7:00pm _____**

**Allergies, Learning Needs & Other Special Concerns : _____**

**_____**

**IMPORTANT FOR NEW STUDENTS: If your child did not receive the Sacraments of Baptism and First Holy Communion at St. Michael's, please provide a copy of the original Baptismal Certificate with the church seal, as well as a copy of the First Holy Communion Certificate or You may also bring clear and legible copies to the Religious Education Office for submission.**

**Is your family registered as parishioners of St. Michaels's Church? Yes _____ No _____**

**If not, a higher registration fee will be charged. You may register as a parishioner by completing a simple form.**

**TERMS & CONDITIONS:**

**I have received and read St. Michael's Parish Religious Education Program Policies and Procedures Handbook.**

**I understand and agree to comply with these policies and procedures.**

**Signature _____**

**1 Child $135 2 Child $200 3 Child $230**

**Sacramental Prep (SP) $100.00 added to registration**

***FOR OFFICE USE ONLY***

**Amount Due: $ _____**

**Date Paid: _____ Check#:_____ Cash _____ Amount Paid: $ _____**

**Policies & Procedures Acknowledgement : Yes _____ No _____**

**Office Comments: _____**