## ST. MICHAEL'S PARISH – UNION, NJ 2023-2024 RELIGIOUS EDUCATION REGISTRATION

## PRIMARY PARENT / GUARDIAN

Name:		Religion:			
First	Last				
Address (where child resides)	:				
Cell Phone:	Work Phone:	E-mail:			
OTHER PARENT / GUARI	DIAN				
Name:		Religion:			
Name: First	Last	Maiden			
Address (if different from abo	ve):		<del></del>		
Cell Phone:	Work Phone:	E-mail:			
*EMERGENCY CONTACT	ſ				
Name:	Phone:	Relation to ch	ild:		
********					
PROGRAMS BEING OFFE	CRED				
Grades 1 – 5 Sacrament Prep* 1 & 2 Grades 6 – 8	Sullawy (10.1011111 11.10011111)				
*The Sacrament Prep classes	are for children who are Gra	ade 3 and older with <b>NO</b> pre	vious Religious	Education.	
Grades 1, 3, 4, 5, 6, 7 and 8 child(ren) at home. Mandator					
REGISTRATION Child 1					
First & Last Name		Birth Date:	Boy	Girl	
Public School Attending / Gra	de Entering in Sept. 2023:				
Last Grade Completed in Reli	gious Education:	When/Where:			
Has the child been <b>baptized</b> ?	□Yes □ No Church Nam	ne / City & State:			
Received First Communion?	□Yes □ No Church I	Name / City & State:			
Choice of Class Day/Time (G. [Sacrament Prep must atten				M	
Check Here to Select the Hom	ne-Based Option:				
Allergies, Learning Needs & for your child. Please add a information will be kept confi	any notes that your child's	catechist might need to kn	low or indicate	"NONE". This	

			Page 2 o
Child 2 First & Last Name	Birth Date:	Boy	Girl
Public School Attending / Grade Entering in Sept. 2023: _			
Last Grade Completed in Religious Education:	When/Where:		
Has the child been <b>baptized</b> ? □Yes □ No Church Name	/ City & State:		
Received First Communion?	ame / City & State: _		
Choice of Class Day/Time (Grades 1-5 only): Sunday at 1 [Sacrament Prep must attend Sunday 10:15-11:30AM;			
Check Here to Select the Home-Based Option:			
Allergies, Learning Needs & Other Special Concerns: _			
Child 3 First & Last Name	Birth Date:	Воу	/ Girl
Public School Attending / Grade Entering in Sept. 2023: _			
Last Grade Completed in Religious Education:	When/Where:		
Has the child been <b>baptized</b> ? □Yes □ No Church Name	/ City & State:		
Received First Communion? □Yes □ No Church Na	ame / City & State: _		
Choice of Class Day/Time (Grades 1-5 only): Sunday at 1 [Sacrament Prep must attend Sunday 10:15-11:30AM;			
Check Here to Select the Home-Based Option:			
Allergies, Learning Needs & Other Special Concerns: _			
IMPORTANT FOR NEW STUDENTS: If your child di Communion at St. Michael's, we must have a copy of the and a copy of the First Communion certificate.			
Is your family registered as parishioners of St. Michael's C	hurch?	Yes	□ No
If not, a higher registration fee will be charged [see She completing a simple form.	et Fees]. You may re	gister as a parish	nioner by
Do you attend Mass regularly?		Yes	□ No
TERMS & CONDITIONS: I have received and read St. Michael's Parish Religious E Handbook. I understand and agree to comply with these p	<u> </u>		s and Procedure
Sign	nature		
FOR OFFICE USE ONLY			

Amount Due: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_ Check #: \_\_\_\_ Cash: \_\_\_\_ Date Paid: \_\_\_\_