

Reg Fee: _____

Ck # _____

Cash: _____

Saint Michael the Archangel

Religious Education – Faith Formation

2017 - 2018 Registration

PLEASE PRINT!

Student's Name: _____ Grade: _____

Home Phone: _____

Student's Cell : _____ Texting: Y/N (Please circle)

Address: _____

_____ Zip Code: _____

Emergency Phone Number: _____

Mother's Name: _____

Mother's Cell : _____ Texting: Y/N (Please circle)

Father's Name: _____

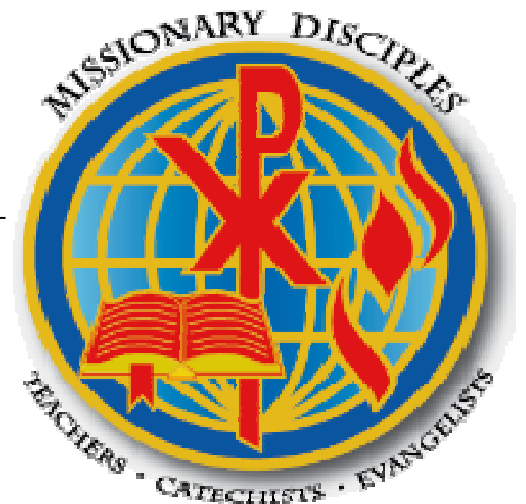
Father's Cell : _____ Texting: Y/N (Please circle)

Parent's Email: _____

Student's Email: _____

School Attending: _____ Grade: _____

Siblings Names: _____ Grade _____



**SHARE THE JOY
OF THE GOSPEL.**