

Reg Fee: _____

Ck # _____

Cash: _____

Saint Michael the Archangel

Religious Education - Faith Formation

2018 - 2019 Registration

PLEASE PRINT!

Student's Name: _____ Grade: _____

Birthdate: _____ Current Age: _____ Allergies: _____

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
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Enlisting Witnesses for Jesus