

St. Michael's & St. Mary's – Faith Formation Registration
2009-2010

Check One:

- Regular Program** (Mondays, Sep. 21, 2009 – May 17, 2010 – 6:00 p.m. to 7:30 p.m.)
 Summer Program (10 Days, Jun. 14, 2010 – Jun. 25, 2010 – 8:30 a.m. to 12:30 p.m.)

CHILD'S NAME _____ DATE OF BIRTH _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

PARENTS/GUARDIANS ARE MEMBERS OF: St. Michael St. Mary Other: _____

SACRAMENTS NEEDED:

- Baptism First Eucharist (Communion) Confirmation First Reconciliation

FATHER'S NAME _____

ADDRESS _____ PHONE _____

(If different than Child's)

EMAIL _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ WORK PHONE _____

MOTHER'S NAME _____

ADDRESS _____ PHONE _____

(If different than Child's)

EMAIL _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ WORK PHONE _____

EMERGENCY CONTACT(S)

NAME _____ PHONE _____

NAME _____ PHONE _____

PERSONS AUTHORIZED TO PICK UP CHILD (Other than parent)

NAME _____ PHONE _____

NAME _____ PHONE _____

(Continued on the back side)

MEDICAL CONDITIONS: YES NO

IF YES, EXPLAIN IN DETAIL

ALLERGIES: YES NO

IF YES, WHAT ARE THEY?

FEE: \$25.00 first Child / \$5.00 for each additional Child (Make check out to church you checked above in which you are a member of St. Michael or St. Mary if "Other" make check out to St. Michael)

FEE ENCLOSED AMOUNT INCLOSED _____ I WILL PAY LATER (Payment is due by first class)

MEDIA RELEASE: I hereby **give permission** for the personnel of St. Michael and St. Mary Parish to photograph, videotape and/or voice tape my child (or allow area newspapers to do the same) for purposes of (circle items that you will allow):

- Not at all
- In-Parish Purposes ONLY
- Public Information for Promotion of St. Mary's Religious Education Program

MEDICAL RELEASE: I give St. Michael and St. Mary Church, insured by the Diocese of Saginaw, permission to secure emergency medical and/or surgical treatment for the above named minor child.

NAME OF CHILD'S PHYSICIAN _____ PHONE _____

ADDRESS _____

HOSPITAL PREFERRED FOR EMERGENCY TREATMENT _____

DOES THIS CHILD HAVE HEALTH INSURANCE? YES NO

(If yes) HEALTH INSURANCE NAME _____

(If Yes) HEALTH INSURANCE POLICY NUMBER _____

**PARENT/
GUARDIAN SIGNATURE** _____ **DATE** _____

I am interested in:

Teaching: (Must be graduated from High School) Name: _____ Phone: _____

Substituting / Co-Teaching: (Must be graduated from High School) Name: _____ Phone: _____

Assisting a Teacher: (9th grade to adult) Name: _____ Phone: _____