

# *Saint Michael Religious Education*

August 17, 2017

Dear Parents,

Enclosed with this registration form you will find several pieces of literature for you to review. **The Parent / Student Handbook** is a quick reference guide for parents regarding Religious Education rules and general information. **Please retain the handbook for reference throughout the year.** We have also enclosed brochures on **Safe Environments Procedures**. We ask that both you and your child(ren) review them as they are quite informative.

The registration deadline is **September 7, 2017**. This is to ensure that we have an adequate number of teachers and supplies prior to the beginning of the school year. Registrations received after this date will be accepted based upon space availability. Registrations received **after September 7th** may also result in your child not having a book for the opening class.

**Due to the ongoing construction at St. Michael Church you may return your registration in the collection basket at Mass (please place the completed registration form and payment in an envelope clearly marked CCD REGISTRATION) or mail your registration to :** Saint Michael Church  
60 Liberty St.  
Pawcatuck, CT 06379

## Registration Fee

1 Child . . . . . \$65.00  
2 or more children . . . . . \$75.00

**Checks may be made payable to: St. Michael Church**

Special Note: **All students (Public and Catholic School) who intend to be confirmed in the spring of 2018 must register at this time!** This is to also ensure for adequate paperwork, supplies and teaching staff.

**Information regarding course selection for the confirmation program for grades 6, 7, 8 & 9 will be sent out at a later date.**

Sincerely,



Crystal F. Wilcox  
Director of Religious Education.

# Saint Michael Religious Education

\_\_\_\_\_  
(Father's Last Name)

\_\_\_\_\_  
(Father's First Name)

\_\_\_\_\_  
(Mother's Maiden Name)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

*Please include this number in the event we must contact you do to illness or emergency*

Students' Name	Grade as of Sept. 2017	School Attending as of Sept. 2017	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have read the Parent/Student handbook & the enclosed Safe Environments forms.

**X**

\_\_\_\_\_  
(Signature)

I am a registered member of St. Michael Parish

Yes

No

**Those registering for Confirmation Prep Only**  
(You must check one)

My child currently attends a Catholic High School

My child is a graduate of St. Michael School

*Please indicate below if your child has any medical condition or disability of which we should be aware.*

## MEDICAL INFORMATION

My child / children have **NO** medical condition or disability of which you should be aware. \_\_\_\_\_

My child / children have the following medical condition or disability listed below:

Child's Name

Medical condition(s) or Disability

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_