

ST. MICHAEL'S PARISH – UNION, NJ
2021-2022 RELIGIOUS EDUCATION REGISTRATION

NAME / ADDRESS

Family Name (e.g. SMITH): _____ Home Phone (if applicable): _____

Address: _____
Street Town Zip Code

FATHER / GUARDIAN

Name: _____ Religion: _____
First Last

Address (if different from above): _____

Cell Phone: _____ Work Phone: _____ E-mail: _____

MOTHER / GUARDIAN

Name: _____ Religion: _____
First Last Maiden

Address (if different from above): _____

Cell Phone: _____ Work Phone: _____ E-mail: _____

***EMERGENCY CONTACT**

Name: _____ Phone: _____ Relation to child: _____

PROGRAMS BEING OFFERED

Grades 1 – 5 only Sunday (10:15AM – 11:30AM) –OR– Monday (3:30PM – 4:30PM)

Grades 6 – 8 only Tuesday (7:00PM – 8:15PM)

Grades 1, 3, 4, 5, 6, 7 and 8 Home-Based Religious Education *(As part of this program, parents teach their child(ren) at home. Mandatory meetings, testing and interviews will be scheduled. Please ask for details.)*

REGISTRATION

Child 1

First & Last Name _____ Birth Date: _____ Boy ____ Girl ____

*Public School Attending / Grade Entering in Sept. 2021: _____

*Last Grade Completed in Religious Education: _____ When/Where: _____

Choice of Class Day/Time (Grades 1-5 only): Sunday at 10:15AM _____ Monday at 3:30PM _____

Check Here to Select the Home-Based Option: _____

***Allergies, Learning Needs & Other Special Concerns** - We want to provide the best possible learning environment for your child. Please add any notes that your child's catechist might need to know or indicate "NONE". This information will be kept confidential. _____

Child 2

First & Last Name _____ Birth Date: _____ Boy ____ Girl____

*Public School Attending / Grade Entering in Sept. 2021: _____

*Last Grade Completed in Religious Education: _____ When/Where: _____

Choice of Class Day/Time (Grades 1-5 only): Sunday at 10:15AM _____ Monday at 3:30PM _____

Check Here to Select the Home-Based Option: _____

Allergies, Learning Needs & Other Special Concerns _____**Child 3**

First & Last Name _____ Birth Date: _____ Boy ____ Girl____

*Public School Attending / Grade Entering in Sept. 2021: _____

*Last Grade Completed in Religious Education: _____ When/Where: _____

Choice of Class Day/Time (Grades 1-5 only): Sunday at 10:15AM _____ Monday at 3:30PM _____

Check Here to Select the Home-Based Option: _____

Allergies, Learning Needs & Other Special Concerns _____**IMPORTANT FOR NEW STUDENTS:****If your child did not receive the sacraments of Baptism and First Communion at St. Michael's, we must have a copy of the original baptismal certificate with the church seal and a copy of the First Communion certificate.**Child #1 Has child been baptized? ☐ Yes ☐ No Church Name / City & State: _____Received First Communion? ☐ Yes ☐ No Church Name / City & State: _____Child #2 Has child been baptized? ☐ Yes ☐ No Church Name / City & State: _____Received First Communion? ☐ Yes ☐ No Church Name / City & State: _____Child #3 Has child been baptized? ☐ Yes ☐ No Church Name / City & State: _____Received First Communion? ☐ Yes ☐ No Church Name / City & State: _____

The published Parishioner Registration rate covers only a part of the cost of providing religious education for your child. Our program is subsidized by the parish; therefore, it is intended for children of registered parishioners who contribute to the financial support of the parish. The non-parishioner registration rate is listed on our fee schedule. You may register as a parishioner by completing a simple form.

Is your family registered as parishioners of St. Michael's Church? ☐ Yes ☐ NoDo you attend Mass regularly? ☐ Yes ☐ NoDo you wish your child to receive Church envelopes? ☐ Yes ☐ No

TERMS & CONDITIONS

I have read St. Michael's Parish Religious Education Program 2021-2022 Policies and Procedures Handbook [link]. I understand and agree to comply with these policies and procedures.

e-signature _____

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To pay on-line:

<https://www.parishgiving.org/ParishGiving.html?e=5A4B232AEE42B2F94D9ACC732CE9235F9AC87980C181CFA897351CAD841C634571F6F5CB2E498E9D>

FOR OFFICE USE ONLY

Amount Due: \$ _____ **Amount Paid:** \$ _____ **Check #:** _____ **Cash:** _____ **Date Paid:** _____

Policies & Procedures Acknowledgement Returned: Yes _____ No _____

Office Comments: _____