( ) New Family or ( ) Returning Family
( ) Check here if address or phone has changed

St. Michael Faith Formation
Registration for 2014-2015

TODAYS DATE_____

PLEASE PRINT ALL INFORMATION

Make check to St. Michael Church and send w/ form to: St. Mary Faith Formation Office at 127 North Monroe Street, Monroe, MI 48162*

Family Name: _____ Home Phone _____ Family email _____

Address _____City_____ State_____ Zip code_____ ___

In case of emergency, contact: _____ Relationship _____Phone_____

Parish you are registered at_____

Father: _____ Religion _____ Occupation _____ Phone _____

Mother: _____ Religion _____ Occupation _____ Phone _____

Step-parent Name: _____ Religion _____ Custodial Parent _____

Please check all that apply: ( ) Two parent home ( ) Married: date _____ Location _____ ( ) Single
( ) Father deceased ( ) Mother deceased ( ) Divorced/separated ( ) Divorced/remarried

Please specify child's special needs (medical/learning, etc.):_____
_____

CHILD'S FULL NAME *Last* *First* *Middle*	**DOB**	**GRADE ENTERING**	**CHURCH OF BAPTISM; CITY/STATE**	**SACRAMENTS (First Communion &/or First Reconciliation)**

Class Time: ☐ Sunday from 11:00 am to 12:15 pm ☐ Monday from 6:00 pm to 7:15 pm ☐ Sunday from 9:30 am to 10:30 am for ages 3, 4 and 5 in the Social Hall

Sunday and Monday sessions are NOT interchangeable. Please choose one.

Parents Signature_____

Amount Due: $ _____ Amt. Paid: $ _____ Amt. Owed: $ _____

Check # _____ Cash: $ _____

Annual Fees:	**1 child**	**$95**
	Families w/2 children	**$135**
	Families w/3 or more	**$160**