

***SCHOLARSHIPS AVAILABLE UP TO 75%; Ask for form at office**

✓ Check One: Registered at St. Michael's Not Registered in a Parish

\$40.00	Per student	_____	Total Students
\$80.00	*3 or more	_____	Total due

\$80 per family for 3 or more

PLEASE PRINT
CLEARLY

PRIMARY PHONE# _____ PRIMARY E-MAIL: _____

Father's Name: _____ **Mother's Name:** _____

First Name Last Name First Name Last Name

F. Cell Carrier (AT&T etc.) Cell Phone # _____ Work Phone # _____ M. Cell Carrier (AT&T etc.) Cell Phone # _____ Work Phone # _____

E-mail Address _____ E-mail Address _____

MAIN MAILING ADDRESS:

Street _____ Apartment# _____ City/Zip _____ **Student Resides With:** _____

Emergency Contact: _____ **(not in household)** Name: _____ Relationship (Grandparent/Aunt/Friend/etc.) _____ 10 digit phone # _____

Volunteer information		<i>*Please check all areas you would consider helping in</i>		_____ Grade Level Preferences
<input type="checkbox"/> Catechist/ Co-leader (YM)	<input type="checkbox"/> Classroom Aide (PK – 6)	<input type="checkbox"/> Substitute Teacher/Aide	<input type="checkbox"/> Lesson Prep	
<input type="checkbox"/> Catechist (PK-6)	<input type="checkbox"/> Administration Desk	<input type="checkbox"/> Security (Youth Ministry)	<input type="checkbox"/> Other	

➤ **Payment is due with registration. Make checks payable to St. Michael's**

FOR OFFICE USE ONLY		CHURCH ID# _____
TOTAL FEES DUE: \$ _____	Fees Paid: Y N Scholarship _____	Check# _____ Cash _____ Balance _____
*Circle Copy of Sacrament Certificate Received/On File		
Liability/Medical Forms Received: YES NO	Policies Acknowledgement Received: YES NO	*Baptism *Communion *Confirmation

CHILD(REN) INFO AND CLASS SCHEDULE SELECTION ON BACK OF FORM

