

**ST. MICHAEL THE ARCHANGEL
RELIGIOUS EDUCATION REGISTRATION FORM
2281 STATE ROAD 580 CLEARWATER, FL. 33763
TELEPHONE (727) 797-2375 ext. 243**

Grades K - 1 Sunday morning 9:30am-10:30am

Grades 2 -8 Monday evening 6:45-8:00pm

Fees: 50.00 per child to be included w/registration form

Additional 25.00 fee for 1st Communion classes

STUDENTS PREVIOUSLY REGISTERED - 2019/2020 SCHOOL YEAR

Family Name _____ First Name _____ Marital Status _____

Father

Mother

S/M/D

Address _____

Street (P.O. Box)

City

Zip Code

Phone

No. _____

Home

Emergency

Work

Cell

PLEASE LIST CHILDREN IN ORDER FROM OLDEST TO YOUNGEST:

As of 09/01/2018

Last Name _____ **First Name** _____ **School** _____ **Grade** _____

Last Name _____ **First Name** _____ **School** _____ **Grade** _____

Last Name _____ **First Name** _____ **School** _____ **Grade** _____

Last Name _____ **First Name** _____ **School** _____ **Grade** _____

Sacraments to be received this year? _____ **Did student attend last yr?** _____

(Copy of Baptismal certificate and additional \$25.00 fee must be enclosed for Reconciliation/1st Communion)

Health problems or other special needs/ medications? (Confidential Information) Please list child's name and explain
