

Saint Michael Roman Catholic Church
Grades K-12 Registration Form
2020-2021

Student's FULL Name: _____

Place and Date of Birth: _____

School: _____ **Grade:** _____

Known allergies or medical conditions: _____

Sacraments Received (please list date received, if known, on each line):

_____ **Baptism** _____ **Reconciliation** _____ **Eucharist**

Church: _____

Address: _____

Please use reverse side if sacraments received at more than one church.

Mother's FULL (including Maiden) Name:

Father's FULL Name:

Marital Status (check one):

_____ **Married** _____ **Separated/Divorced** _____ **Widowed** _____ **Single**

Residential Address: _____

Telephone: _____ **Home** _____ **Cell**

Email: _____

Contact Preference (check one): _____ **Phone** _____ **Email**

Program Fee: NO Charge for 2020-2021