

For Office Use Only
 Reg Fee \$ _____
 Check # _____ Cash _____
 Date Received _____
 Baptism Copy Yes / No



REGISTRATION FORM 2017-2018
ST. MICHAEL'S RELIGIOUS EDUCATION K-8
15546 Pomerado Road, Poway, California 92064 (858)485-1392

Registration Fees: \$110.00 – One child, \$50.00 – First Communion year fee (second year and Special Sacraments)
\$150.00 – Two children \$25.00 Late Fee – On Registration Forms returned after August 1, 2017
\$190.00 – Three or more children Payment may be deferred until Fall – Reserve your child's class now.
Payments can be made at -- smpoway.org

Home Address: _____

City: _____ Zip: _____ Home phone(____) _____

Father/Guardian: _____ Mar. Stat. _____ Religion _____
 Occupation _____ First Last Phones: (w)(____) (cell) (____)

Mother/Guardian: _____ Mar. Stat. _____ Religion _____
 Occupation _____ First Last Maiden Phones: (w)(____) (cell) (____)

Family e-mail address _____

Step-Parent _____ Phone: _____

↓ ↓ ***New students: Please also provide copies of Baptism, Reconciliation, and Communion certificates. Must complete "Student information".***

For Office Use Only:
 Class Code _____

 Class Code _____

 Class Code _____

Student #1 Name:Last _____ First _____ Grade _____
Date of Birth ___/___/___ **Male – Female** **School** _____ **Fall 2016**
Religion: _____ **Language:** _____ **Special Needs:** _____

SACRAMENT INFORMATION: (Only for first time registrants.)
 BAPTISM CERT: Y – N RECONCILIATION CERT: Y – N FIRST COMMUNION CERT: Y – N

Class Times; Please Circle One: Tue/4:00 K-6, Tue/7:00 7-8, Wed/4:00 K-6, Wed/6:00 K-6

Student #2 Name:Last _____ First _____ Grade _____
Date of Birth ___/___/___ **Male – Female** **School** _____ **Fall 2016**
Religion: _____ **Language:** _____ **Special Needs:** _____

SACRAMENT INFORMATION: (Only for first time registrants.)
 BAPTISM CERT: Y – N RECONCILIATION CERT: Y – N FIRST COMMUNION CERT: Y – N

Class Times; Please Circle One: Tue/4:00 K-6, Tue/7:00 7-8, Wed/4:00 K-6, Wed/6:00 K-6

Student #3 Name: Last _____ First _____ Grade _____
Date of Birth ___/___/___ **Male – Female** **School** _____ **Fall 2016**
Religion: _____ **Language:** _____ **Special Needs:** _____

SACRAMENT INFORMATION: (Only for first time registrants.)
 BAPTISM CERT: Y – N RECONCILIATION CERT: Y – N FIRST COMMUNION CERT: Y – N

Class Times; Please Circle One: Tue/4:00 K-6, Tue/7:00 7-8, Wed/4:00 K-6, Wed/6:00 K-6

Special Sacraments grades 4-12; Children who have completed one year of formation and need to prepare for the sacraments of Reconciliation and Eucharist this year.

To assist in placing your child: (Please circle) My child _____ has been diagnosed with;
ADD ADHD Food allergies Hearing Loss Other _____

Religious Education Program 2017-2018

As a parent, I would like to know more about the Catholic Faith. I or my spouse would be interested in:

- ___ Information on the Rite of Christian Initiation for Adults, (RCIA).
- ___ Having our marriage blessed in the Catholic Church.
- ___ Receiving the Sacrament of Confirmation.

Please give me a call. My name is _____

Opportunities to Volunteer in Parish

___ I would like more information regarding _____ ministry.
___ Fall Festival, my name and email _____

As a parent interested in Religious Education, I can help in the following ways:

- I would like to be a catechist/teacher. I know you teach in twos.
- I would like to be a weekly aide in the classroom.
- I would like to be a weekly office helper
- I can assist weekly with traffic at dismissal.
- I can babysit if needed at 4:00 session for teachers in the Parish Center Tuesday 4:00 _____ Wednesday 4:00 _____
- Gifts I have that I would like to share _____.

In the event of an emergency, if you are unable to reach me, please contact:

Name: _____ Phone: _____ Relationship: _____

Please make all checks payable to: **St. Michael's Religious Education**
Payment may be deferred – No late fee will be charged to forms returned before deadline.
A late fee of \$25.00 will be charged for registrations received after August 1st, 2017
Payments can be made at -- smpoway.org

Payment to Youth Ministry is separate – reductions do not apply.

REMINDERS:

- 1) A copy of your child's Baptism Certificate is required for first time registrants.
- 2) Families must be registered members of the parish to enroll in classes.
- 3) Return Registration **before August 1, 2017** to avoid late fee and to reserve your child's class.
- 4) Should there be special needs or scholarship assistance, please contact Mrs. Kelli Salceda, Director, at; kellis@smpoway.org

My family will respect all parish property and follow the traffic patterns.

PARENT'S SIGNATURE _____

DATE _____

IMPORTANT: New Students only

NEW PARISHIONERS: Prior RE classes, yes no Previous Church _____

Please provide transfer papers from previous parish.