Information Sheet for New Servers 2017-2018

Name			
Parent's Name(s)			
Please indicate which p	parent you live with:	BothMo	omDad
Home Address			
Mom's Home Phone		Mom's Cell Phone	
Dad's Home Phone		Dad's Cell Phone	
List all e-mail addresse	s that should receive cor	respondence	
School		Grade	
Are you a registered me	ember of St. Michael's C		
Please indicate your 1st	, 2 nd and 3 rd choice of Pr	referred Masses: 5:30	0 pm Saturday,
7:15 am 9:00 am	n 10:45 am	12:30 pm	5:30 pm Sunday
CCD Class (if applicab	le)		
Brothers or sisters who	are Servers		
Family members who a	re Eucharistic Ministers	, Lectors, Ushers, or	Choir Members:
months of October the week of October will do our best	ber, November, January cober 2, 4. Please rank y to match your server wi	and February. Our four first two of the four their first choice.	es (see below) during the first week of classes will be collowing four choices. We Families will be notified of any on October 1 at 6:45 pm
Mondays, 4:00-	5:00 p.m.		
Mondays, 5:00-	6:00 p.m.		
Wednesdays, 4:0	00- 5:00 p.m.		
Wednesdays, 5:0	00- 6:00 p.m.		