



**REGISTRATION FORM 2019-2020**  
**ST. MICHAEL'S RELIGIOUS EDUCATION K-8**  
**15546 Pomerado Road, Poway, California 92064**  
**(858) 485-1392**

For Office Use Only Reg Fee \$ _____ Check # _____ Cash _____ Date Received _____ Baptism Copy Yes / No
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**Registration Fees: \$110.00 – One child, \$50.00 – First Communion year fee/per student** (second year and Special Sacraments)  
**\$150.00 – Two children \$25.00 Late Fee – On Registration Forms returned after August 1, 2019**  
**\$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 or by check to St. Michael's RE**

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 \_\_\_\_\_

***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  _____
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**Student #1 Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Grade \_\_\_\_\_  
**Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Male – Female** **School** \_\_\_\_\_ **Fall 2019**  
**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 2019**  
**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 2019**  
**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.**

**\*\*PLEASE COMPLETE BOTH SIDES\*\***

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

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**Religious Education Program 2019-2020**

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 or email, 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 can assist weekly with traffic at dismissal.
- I can babysit if needed at 4:00 session for the catechists on campus      Tuesday 4:00 \_\_\_\_\_      Wednesday 4:00 \_\_\_\_\_

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**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 RE**  
***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 1<sup>st</sup>, 2019**  
Payments can be made at - [smpoway.org](http://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, 2019** 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 of Catechetical Ministry, 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** \_\_\_\_\_

**If yes, please provide transfer papers from previous parish.**