

**SAINT MICHAEL'S CHURCH
NEW STUDENT REGISTRATION 2016-17
FAITH FORMATION PROGRAM**

GRADE ASSIGNED: _____

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____ APT. #: _____

TOWN: _____ ZIP: _____

HOME PHONE #: _____ STUDENT'S CELL#: _____

DATE OF BIRTH: _____ GRADE (IN SEPT 2016): _____

SCHOOL (IN SEPTEMBER 2016): _____

WHO HAS LEGAL CUSTODY OF THIS STUDENT? (please check one):

MOTHER AND FATHER: _____ MOTHER ONLY: _____ FATHER ONLY: _____

OTHER: _____ (who?) _____

WITH WHOM DOES THIS STUDENT LIVE (if different from above)?

WHAT LANGUAGES ARE SPOKEN AT HOME?

FATHER'S WORK PHONE #: _____

WORK SCHEDULE (days & times): _____

OCCUPATION: _____

FATHER'S CELL PHONE #: _____

MOTHER'S WORK PHONE #: _____

WORK SCHEDULE (days & times): _____

OCCUPATION: _____

MOTHER'S CELL PHONE #: _____

FAMILY E-MAIL: _____

STUDENT E-MAIL: _____

NAME OF AN EMERGENCY CONTACT PERSON (NOT A PARENT) & RELATIONSHIP:

EMERGENCY PHONE # DURING CLASS TIME (CANNOT BE PARENT PHONE NUMBER):

IS STUDENT BAPTIZED (Y/N)? ____ IF YES, NAME OF CHURCH AND LOCATION _____ HOW OLD WAS STUDENT? ____

HAS STUDENT RECEIVED FIRST COMMUNION (Y/N)? ____

HAS STUDENT RECEIVED THE SACRAMENT OF RECONCILIATION (Y/N)? _____

HAS STUDENT BEEN CONFIRMED (Y/N)? _____

IF STUDENT PREVIOUSLY ATTENDED RELIGION CLASSES: WHERE? HOW LONG?

DOES THIS CHILD HAVE ANY SPECIAL NEEDS, DISABILITIES OR HEALTH ISSUES?
DOES S/HE HAVE AN "IEP" (INDIVIDUALIZED EDUCATION PLAN) OR ATTEND ANY
SPECIAL CLASSES/PROGRAMS?

PLEASE DO NOT WRITE BELOW THIS LINE - ADMINISTRATION ONLY

Registration taken by: _____ Date: _____ AMOUNT PAID: _____

NAMES & GRADES OF SIBLINGS IN FF OR CC:

NOTES:

