

ST. MICHAEL & ST. PETER - FAITH FORMATION REGISTRATION 2015-2016

FAMILY LAST NAME: _____ Father's 1st name _____

Mother's 1st name _____ Mother's maiden name: _____

PRIMARY ADDRESS: _____ CITY/ZIP _____

PHONE# _____ CELL# _____ CELL# _____

PRIMARY EMAIL: _____ 2ND EMAIL: _____

Children are living with: Both ___ Mother ___ Father ___

CHILDREN BEING REGISTERED

NEW YOUTH: please complete additional information on reverse of this form

Class times

Pre-K to grade 6 Sunday 10-11am/ Grades 1 to 6 Monday 6:30-7:30pm/Grades 7 and 8 Sunday 12:30 -2:30pm
Confirmation (grades 9-10) meeting time determined by group

First Name	Last Name (if different)	Sun AM	Mon PM	Gr 7-8	Conf	Grade in Sept	School District
1. _____	_____						
2. _____	_____						
3. _____	_____						
4. _____	_____						

Person other than a custodial parent who is authorized to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

FEES: Pre-K to grade 8:	Before August 11	From August 12 to September 8	After September 8
One child	\$35.00	\$50.00	\$ 60.00
Two children	\$50.00	\$65.00	\$ 75.00
Three or more children	\$75.00	\$90.00	\$100.00

Confirmation is a two year program (grades 9 + 10): \$60.00 is one time fee for two years

No child will be denied faith formation due to an inability to pay.

Contact Mrs. Barker to make arrangements

IMPORTANT: List any information helpful for us to know: (medical, food allergies, family or custodial arrangements, strategies that are helpful in a classroom setting to help your child learn)

Please indicate if none.

TOTAL AMOUNT PAID _____ CK # _____

FAMILY IS REGISTERED IN WHICH PARISH _____

Please read photo authorization on the reverse and return completed form to address listed on reverse

NEW FAMILY INFORMATION

OR

INFORMATION FOR ADDITIONAL YOUTH FROM REGISTERED FAMILY

PLEASE COMPLETE BELOW

Family Name: _____

Father's Religion: _____ Mother's Religion: _____

Parents please note: If you are not Catholic but are interested in learning more about the Catholic faith please indicate below:

I would like to know more about the Catholic faith: Name _____

NOTE: TO REGISTER YOU MUST PRESENT A *BAPTISMAL CERTIFICATE FOR NEW YOUTH AS WELL AS RECORD OF *FIRST EUCHARIST AND *FIRST PENANCE IF ALREADY RECEIVED

not needed if Sacrament received at St. Michael's

Youth's Full Name	Date of Birth	City/State where born	Baptism y/n what church	First Eucharist y/n what church	First Penance y/n what church
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Return completed form (both sides), required certificates and check (payable to Church of St. Michael/St. Peter) to:

**CHURCH OF ST. MICHAEL & ST.PETER
4782 W. SENECA TPK
SYRACUSE, NY 13215**

Mrs. Bonnie Barker, Director of Faith Formation 469-6600 ext 103 reled@cnyaml.com

Photo Authorization

Photographs and/or videos of minors are taken periodically for use in parish publications and to celebrate your child's and his or her fellow classmates participation and accomplishments.

Please note that the diocese, its parishes, schools and ministries have limited control over the use of photographs or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s).

If you do not wish for your child's image to be used please opt out by listing the child's name, signing and dating below:

_____ Date

_____ Signature of parent

_____ Printed name of parent