## ST. MICHAEL & ST. PETER - FAITH FORMATION REGISTRATION 2023-2024

FAMILY LAST NAME:	ther's 1 <sup>st</sup> name							
Mother's 1 <sup>st</sup> name		ier's maiden name:						
Primary Address:	City/Zip code							
Primary Phone ( )_								
	)							
Primary Email:					mail:			
Children are living wit	h: Both paren	ts	Мо	ther _		Father		
CHILDREN BEING	REGISTERED	)						
Class times Pre-K to grade 6 Sunday Grades 7 and 8 Sunday Chosen4 (grades 9-11 &	12:30 -2:30pm once	e a month	includi letermi	ng sea ned by	sonal larg group; a	ge group mee	up meeting	JS
First Name	Last Name (if di	fferent)				9,10 & 11		School District
1		·					-	
2								
3								
4								
<i>New family or addi</i> Person other than a co Name: Name:	ustodial parent	who is	autho	orizec	ء <b>I to picł</b> Phone:	· c up your c ( )	child:	
FEES: Pre-K to grade 8	3: by May 31	June 1-	July-3	31 <i>I</i>	August 1-	31 Sept	ember 1 a	nd bevond
<u>One child</u> Two children	One childFREE\$3Two childrenFREE\$5		5.00 0.00 5.00		\$50.00 \$65.00 \$90.00	) \$ ) \$	\$ 65.00 \$ 80.00 \$105.00	
<b>Chosen4: FREE</b> \$80		0.00	.00 \$95.0		0 \$110.00			
This fee cove ***No child will be de IMPORTANT: List a		mation	due t	o an	inabilit	y to pay -	contact	Mrs. Barker ***
strategies that are helpful in								

Total amount paid \_\_\_\_\_ CK #\_\_\_\_ Family is registered in what parish \_\_\_\_\_

Read photo authorization on the <u>reverse</u> and return completed form to address listed

Please complete for <u>New Family</u> or <u>Additional Youth</u> from a registered family 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 Sacraments 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 (Baptismal, Eucharist and Penance) and check (payable to Church of St. Michael/St. Peter) to:

## CHURCH OF ST. MICHAEL & ST. PETER Attn: Bonnie Barker 4782 W. SENECA TPK SYRACUSE, NY 13215

Mrs. Bonnie Barker, Director of Faith Formation 315-469-6600 ext 103 FFstmichaelstpeter@syrdio.org

## 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 classmate's 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 your child's image to be used, please list the child's name(s):