ST. MICHAEL'S CHURCH FAITH FORMATION PROGRAM & YOUTH MINISTRIES
315-331-6753, carlo.stebbings@dor.org

REGISTRATION FORM /GRADES K-12

Family Name: _____

Are you registered at St. Michael's Parish? (Circle) **Yes** **or** **No**

Mother's (Maiden) Name: _____
(FIRST) (LAST)

Address:_____
(STREET) (TOWN) (ZIP) (PHONE)

Father's Name:_____
(FIRST) (LAST) (ADDRESS & PHONE IF THAN MOTHER'S)

Work Phone:_____ Cell Phone:_____
(MOTHER) (FATHER)

Marital Status:_____ E-mail address:_____
(MOTHER) (FATHER)

Child's Full Name: _____ DOB:_____Grade:_____

Baptism Date & Place if not at St. Michael Church, Newark: _____

Child's Full Name: _____ DOB:_____Grade:_____

Baptism Date & Place if not at St. Michael Church, Newark: _____

Child's Full Name: _____ DOB:_____Grade:_____

Baptism Date & Place If not at St. Michael Church, Newark: _____

*USE BACK OF FORM FOR ADDITIONAL CHILDREN

Registration Fee: Elementary and Middle School ***Fee $35 first child or $60 per family***. **No Fee for High School Students! (Payment schedule can be arranged)

Amount Enclosed: _____Cash ____Check ____ (MADE OUT TO ST. MICHAEL CHURCH)

Would you be willing to assist in the faith formation program? Yes_____ No_____

Signature of Parent/Guardian_____