



**St. Michael The Archangel Parish**

320 Winthrop Street, Winthrop MA

617-846-7400

[gabriella@stmichaelwinthrop.org](mailto:gabriella@stmichaelwinthrop.org)

**Faith Formation Registration Grades 9-10**

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father: \_\_\_\_\_ Religion: \_\_\_\_\_

Parent's Date & Church of Marriage: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. Student's Full Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Grade \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Church: \_\_\_\_\_ Date: \_\_\_\_\_

2. Student's Full Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Grade \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Church: \_\_\_\_\_ Date: \_\_\_\_\_

3. Student's Full Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Grade \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Starting October, this will be the Confirmation Prep Schedule:**

**1st Sunday of the Month: 9th Grade Confirmation prep** following the 5 o'clock Mass

2nd Sunday of the Month: Bible Study following the 5 o'clock Mass, open to any grade level \*\*not mandatory!

**3rd Sunday of the Month: 10th Grade Confirmation prep** following the 5 o'clock Mass

4th Sunday of the Month: activities/social tbd

In registering my child(ren) for St. Michael's Faith Formation, I agree to the parish policies and requirements for religious education:

- ☐ I am aware that weekly Mass attendance is an integral requirement of the program and plan to bring my child to weekly mass
- ☐ I agree to provide a baptismal record if my child was baptized at a church other than St. Michael's (John the Evangelist Church) in Winthrop.
- ☐ I understand that photos of classes and activities, which may include my child(ren), may occasionally be posted on the parish website and/or social media.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TUITION:**

One Child	Two Children	Three or More Children	Amount:
\$150	\$145	\$170	\$

*\*(from the same immediate family)*

**WAIVER:** ( ) For families using church envelopes who contributed \$560 over the past year

**Total payment due in full upon registration:** \_\_\_\_\_

**Payment Method:** ( ) Cash ( ) Check ( ) Venmo

Venmo Instructions:

1. Scan QR Code at right OR  
Select "Pay" or "Request" from home screen
2. Enter a name, which is @stmichaelparish
3. Enter amount, and in "note," enter St. Michael Faith Formation
4. Tap on "Pay"
5. Tap the green confirmation bar at the bottom of the screen
6. Check to see if you received an email confirming the transaction



**Medical Release Form**

*Required for all students whose programs include on-premise classes on St. Michael's property.*

**INSURANCE INFORMATION:**

Family Health Insurance Co. Policy # \_\_\_\_\_ Family Physical or Clinic:  
\_\_\_\_\_ Phone # \_\_\_\_\_

**PARENTAL RELEASE:**

In signing this form, I hereby certify that the above information is correct. I give permission for the release of medical records to an attending physician in case of injury or illness. In the case of a medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son / daughter, as named herein. I hereby agree that no liability is assumed by the Archdiocese of Boston, the Office for Youth Ministry, or the Parish for claims which may arise out of this participation in Faith Formation.

**Parent/Guardian Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

PAID: \_\_\_\_\_

INPUT INTO PARISHSOFT: \_\_\_\_\_ DATE: \_\_\_\_\_