

## St. Michael The Archangel Parish

320 Winthrop Street, Winthrop MA 617-846-7400

marissa@stmichaelwinthrop.org

## **Faith Formation Registration Grades 1-5**

Last Name:					
Home Address:					
E-mail Address:		Phone:			
Mother:	Maiden Name	e:Religion:_			
Father:	Religion:				
Parent's Date & Cl	hurch of Marriage:				
Emergency Contac	et:Phone:	Relatio	Relationship:		
1. Student's	Full Name				
Age:	Date of Birth:	School Attending:	Grade:		
Baptized:	Yes No Church:	Date:			
2. Student's	Full Name				
Age:	Date of Birth:	School Attending:	Grade:		
Baptized:	Yes No Church:	Dat	e:		
3. Student's	Student's Full Name				
Age:	Date of Birth:	School Attending:	Grade:		
Baptized:	Yes No Church:	Dat	e:		
Class Day Preferen	Day Preference:Sunday 10:45-11:45am Monday 3-4pm				
In registering my c for religious educa	child(ren) for St. Michael's Faith Fo	rmation, I agree to the parish p	olicies and requirements		
my child t  I agree to (John the	e that weekly Mass attendance is an o weekly mass provide a baptismal record if my ch Evangelist Church) in Winthrop. nd that photos of classes and activit	aild was baptized at a church ot	her than St. Michael's		
•	on the parish website and/or social				
SIGNED:		DATE:			

TUITION:	One child \$105	2 children* \$145	3 or more children* \$170	Amount:			
*(from the same immediate family)							
FEES:	FEES: ( ) \$35 1 <sup>st</sup> Eucharist Retreat Fee (2nd Graders only)						
	() For families using c	•	s who contributed \$560 c	over the past year			
Venmo Instruct 1. Scan Q Select ' 2. Enter a 3. Enter a 4. Tap on 5. Tap the	R Code at right OR "Pay" or "Request" fr name, which is @stn mount, and in "note,"	om home screenichaelparish enter St. Mich	en ael Faith Formation m of the screen	Patricia Anne Noonan  @StMIchaelParish  ###################################			
Medical Release Form  Required for all students whose programs include on-premise classes on St. Michael's property.							
INSURANCE I	INFORMATION:						
Family Health Insurance Co Portamily Physical or Clinic: Physical or Clinic physical physi			Policy #	licy # one #			
PARENTAL R	ELEASE:						
release of medic emergency, I un In the event I ca hospitalize, secuthat no liability	cal records to an attending derstand that every efformation be reached, I herely are proper and necessary	ng physician in our will be made to give permissing treatment for ne diocese of Bosto	on, the Office for Youth N	In the case of a medical r guardian of my child.			
Parent/Guardian Signature :		D	Date:				
				OD OFFICE LISE ONLY			

PAID:\_\_\_\_

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