

ST. MICHAEL RELIGIOUS EDUCATION REGISTRATION 2017-2018

St. Michael Catholic Community ♦ FLT Office ♦ 40501 Hayes Road ♦ Sterling Heights, MI 48313 ♦ (586) 247-0098

Family Last Name

Address

City, State, ZIP

HOME PHONE (Including Area Code)

E-Mail Address:

Father's Name (Please print)

Cell Number()

Office Number()

Mother's Name (Please print)

Cell Number()

Office Number()

Emergency Contact: Phone: ()

Emergency Contact: Phone: ()

Date of Registration

Parishioner #

**FALL PROGRAM—
October 2017 through April 2018
Grades 1-5**

Student Name

Date of Birth

Baptism Reconciliation Eucharist

School Grade 2017/18 Male Female

Monday 4:30 Monday 6:00 Tuesday 4:30
Home Study

Student Name

Date of Birth

Baptism Reconciliation Eucharist

School Grade 2017/18 Male Female

Monday 4:30 Monday 6:00 Tuesday 4:30
Home Study

Student Name

Date of Birth

Baptism Reconciliation Eucharist

School Grade 2017/18 Male Female

Monday 4:30 Monday 6:00 Tuesday 4:30
Home Study

This registration form is for grade 6/7 students who are enrolling in the 17/18 Fall or Home Study Program. Summer registration forms for grades 6/7 and Grade 8 Confirmation Preparation were mailed home separately.

Grades 6 and 7

Student Name

Date of Birth

Baptism Reconciliation Eucharist

School Grade 2017/18 Male Female

Fall—Monday 6:00 Home Study

Student Name

Date of Birth

Baptism Reconciliation Eucharist

School Grade 2017/18 Male Female

Fall—Monday 6:00 Home Study

Meds, Learning or physical disabilities, class request information, custodial issues:

Registrations received before June 1, 2017

\$100 for one Student/\$125.00 for two or more

Registrations received June 1, 2017 and after:

\$150 for one Student/\$175 for two or more

Amount Due:_____ Amount Rec'd_____

Check: #_____ Cash E-Giving

Payment Date_____ Rec'd. by_____

Please Make Checks Payable to St. Michael FLT

Please note, payment is not required at time of registration.

It is expected that our FLT Families are registered, active, participating and contributing members of our Parish. I give permission for my child/ren to be recorded or photographed for parish use such as bulletin boards, the Messenger, parish gatherings or the website. (Names will not be used.)

Parent/Guardian Information (Required)

Parent's Name_____

Signature_____

Parent's Name_____

Signature_____

Can you help?

Our FLT Program takes a lot of volunteers. If you are interested in helping, please let us know. It's a great way to be an active participant in your child's religious education.

- Catechist
- Building Supervisor
- Middle School Activity Planner
- Religious Education Commission
- Family Service Planner
- General Help As Needed

Frequently Asked Questions and FLT Policies are posted on our website at:

www.stmichaelcc.org

Religious Education—

Families Learning Together

If you have not yet submitted a **COPY** of your child's Baptismal Certificate, please attach it to your registration.