

Deadline for Summer
Registration is April 1, 2017.

2017 6th and 7th Grade Summer Program



NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (home/cell/office) _____

PARENT (s)/GUARDIAN NAME _____

In case of emergency, please contact:
(REQUIRED)

Name: _____

Relationship: _____

Phone Number: _____

(home/cell/office)

E-MAIL _____

BAPTISM

RECONCILIATION

FIRST COMMUNION

Thursday, June 22
Friday, June 23
Monday, June 26
Tuesday, June 27
Wednesday, June 28
Thursday, June 29

1pm-4:30pm
Fr. Larry Jackson
Youth Center

We are pleased to once again offer our SUMMER FLT PROGRAM for grade 6 and 7. Before you register for this program, please read over the following information:

- You must commit to attending all 6 scheduled classes and any workshops/ etc. scheduled during the school year. Your child may not miss any class time or workshops.
- You must be a registered member of St. Michael as of February 1, 2017.

- We are in need of a copy of your Baptism Certificate, even if your child was baptized here at St. Michael. Please include a copy with this registration form.

This registration form is for Grades 6/7 Summer for qualifying students. (Registration forms for Grade 8, Grades 1-5, and Sunday School are separate and are available in the FLT Office or online at www.stmichaelcc.org.)

As an alternative to the Summer Session, we will continue to offer the traditional school year program and Home Study program. These programs begin in October and those registration forms will be available in April.

**Since you are registering before the June 1st
Early Registration date, you qualify for our
discounted price:**

\$100 for one child/\$125 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**

OVER →

Can you help?

A Summer 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.

- | | |
|---|---|
| <input type="checkbox"/> Catechist | <input type="checkbox"/> Religious Education Commission |
| <input type="checkbox"/> Building Supervisor | <input type="checkbox"/> Family Service Planner |
| <input type="checkbox"/> Middle School Activity Planner | <input type="checkbox"/> General Help As Needed |

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

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 videotaped 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 _____

Family Information

Family Last Name _____ Father's Name _____ Mother's Name _____
Cell # _____ Cell # _____
Address _____ Office # _____ Office # _____
City, State, ZIP _____ E-Mail Address: _____
(_____) _____ unlisted
HOME PHONE (Including Area Code)

If Different From Front

We have other students in the FLT Program.

You will receive a separate registration form for any children in Grades 6 & 7, Grades 1 through 5, and Sunday School in April.