

ST. MICHAEL RELIGIOUS EDUCATION REGISTRATION 2020-2021

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

Family Last Name

Address

City, State, ZIP

() unlisted
PRIMARY PHONE (Including Area Code)

E-Mail Address

Parent Name (Please print)

()

Cell Number

()

Office Number

Parent Name (Please print)

()

Cell Number

()

Office Number

1. Emergency Contact: _____

Phone: () _____

2. Emergency Contact: _____

Phone: () _____

FALL PROGRAM— September 2020 through May 2021 Grades 1-5

Student Name

/ /

Date of Birth

SACRAMENTS COMPLETED

☐ Baptism ☐ Reconciliation ☐ Eucharist

School Grade 2020/21 ☐ Male ☐ Female

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

Student Name

/ /

Date of Birth

SACRAMENTS COMPLETED

☐ Baptism ☐ Reconciliation ☐ Eucharist

School Grade 2020/21 ☐ Male ☐ Female

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

Student Name

/ /

Date of Birth

SACRAMENTS COMPLETED

☐ Baptism ☐ Reconciliation ☐ Eucharist

School Grade 2020/21 ☐ Male ☐ Female

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

This registration form is for Grade 6 and Level One Confirmation (previously the Grade 7 program) students who are enrolling in the 20/21 Fall Program. Summer registration forms for Grade 6 and Level One and Two Confirmation were mailed home separately.

Grade 6

Student Name

/ /
Date of Birth

SACRAMENTS COMPLETED

☐ Baptism ☐ Reconciliation ☐ Eucharist

School Grade 2020/21 ☐ Male ☐ Female

☐ Fall—Monday 4:30

Level One Confirmation

Previously Grade 7

Student Name

/ /
Date of Birth

SACRAMENTS COMPLETED

☐ Baptism ☐ Reconciliation ☐ Eucharist

School Grade 2020/21 ☐ Male ☐ Female

☐ Fall—Monday 4:30

Registrations received before August 15, 2020

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

Registrations received August 15, 2020 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 required
at time of registration.**

Please include a completed
Medical Treatment Form for each
student. This form is **required**
with your registration.

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
- ☐ Education Commission
- ☐ General Help As Needed

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. (Last names will not be used.)

Parent/Guardian Information (Required)

Parent's Name _____

Signature _____

Parent's Name _____

Signature _____

Frequently Asked Questions and
FLT Policies are posted on our web-
site 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.