# ST. MICHAEL FAITH FORMATION

317 W. Willow, Wheaton, Illinois 60187 (630) 682-3650 Fax (630) 690-3324

## 2010/2011 Family Registration
## Preschool – Eighth Grade

**FOR OFFICE USE ONLY**

| Date | | | | | |
|---|---|---|---|---|---|
| Amt. | | | | | |
| CK# | | | | | |
| Bal. Due | | | | | |

**Last Name** ______________ **Father's 1st Name** ______________ **Mother's 1st Name** ______________

**Address** ______________ **City** ______________ **Zip Code** ______________ **Home Phone** ______________

**Alternate Phone #'s: Mom**______________ **Dad**______________

Please circle work or cell Please circle work or cell

**E-mail Address**______________

☐ In an effort to save paper and money we would prefer to communicate via e-mail. Please check the box if you use your e-mail and would like to receive communications this way.

Please fill in the appropriate total.
Tuition ______________
Registration $40.00______________
Sacramental Prep______________
(2nd, 7th and 8th grade students)
Total Due ______________
Total Enclosed ______________

**Fill in below if there is another parent who should receive mailings:**

NAME ______________

ADDRESS______________

CITY/STATE/ZIP______________

**Have you previously registered in St. Michael Faith Formation Program? (Circle one)** YES NO

**(If you are new to the parish, please remember to register with the Parish Office at 630- 665-2250.)**

| Child's First/Last Name | M or F | Date of Birth | Grade Fall '10 | **School** K-6 grade students registered by July 3 will be grouped by school. | Session 1st Choice | Session 2nd Choice | **OFFICE USE ONLY** |
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Please list below children in grade three (3) or above whom **HAVE NOT** yet celebrated the following sacraments:

Baptism: Name: ______________Grade: ____ Name: ______________ Grade: ____

First Reconciliation: Name: ______________ Grade: ____ Name: ______________ Grade: ____

First Eucharist: Name: ______________ Grade: ____ Name: ______________ Grade: ____

St. Michael Faith Formation

**EMERGENCY AND ILLNESS INFORMATION**

Family Last Name ________________________________

**HEALTH INFORMATION:**

| **Child's Name:** ______________________________<br><br>**Grade**_______ **Date of Birth**________________________<br><br>____ Asthma ____Hearing Impaired<br>____Diabetes ____Visually Impaired<br>____ADD / ADHD ____Developmental Disability<br>____Allergy (Please list):__________________________<br>____Requires special assistance in the classroom.<br>Other concerns or special needs______________________<br>______________________________________________<br>______________________________________________ | **Child's Name:** ______________________________<br><br>**Grade**_______ **Date of Birth**________________________<br><br>____Asthma ____Hearing Impaired<br>____Diabetes ____Visually Impaired<br>____ADD / ADHD ____Developmental Disability<br>____Allergy (Please list):__________________________<br>____Requires special assistance in the classroom.<br>Other concerns or special needs______________________<br>______________________________________________<br>______________________________________________ |
|---|---|
| **Child's Name:** ______________________________<br><br>**Grade**_______ **Date of Birth**________________________<br><br>____Asthma ____Hearing Impaired<br>____Diabetes ____Visually Impaired<br>____ADD / ADHD ____Developmental Disability<br>____Allergy (Please list):__________________________<br>____Requires special assistance in the classroom.<br>Other concerns or special needs______________________<br>______________________________________________<br>______________________________________________ | **Child's Name:** ______________________________<br><br>**Grade**_______ **Date of Birth**________________________<br><br>____Asthma ____Hearing Impaired<br>____Diabetes ____Visually Impaired<br>____ADD / ADHD ____Developmental Disability<br>____Allergy (Please list):__________________________<br>____Requires special assistance in the classroom.<br>Other concerns or special needs______________________<br>______________________________________________<br>______________________________________________ |

**NAME OF LOCAL PERSON TO CONTACT IF A PARENT IS NOT AVAILABLE.**

Name____________________________________Phone______________________________

Name____________________________________Phone______________________________

**RELEASES**

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below enables the Faith Formation department to exercise their own judgment to transport the child to a hospital emergency room, and allow a licensed medical professional to treat your child as necessary. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian Signature ____________________________ Date__________________________

My family has received, read, and agrees to abide by the policies stated in the 2010/2011 St. Michael Parish Faith Formation Family Handbook/Junior High Youth Ministry Family Handbook which includes the diocesan information, "Pastoral Policy Regarding Sexual Abuse of Minors" and "Parent Guide to Understanding & Preventing Child Sexual Abuse".

Parent/Guardian Signature ____________________________ Date__________________________

***SPECIAL NOTE: Please notify the office immediately as to changes or modifications to any/all information stated.***