

ST. MICHAEL'S PARISH, HUDSON, MA
RELIGIOUS EDUCATION PROGRAM

Date Received: _____
Amount Paid: _____
<input type="checkbox"/> Check #: _____ <input type="checkbox"/> Cash

CURRENT STUDENT REGISTRATION ~ GRADES 1-8

Student Name: _____
(first) (mid) (last)

Date of Birth: _____ Place of Birth: _____

Address: _____ Home Phone: _____
(number & street) (city) (zip)

Address mail to: _____

Father's Name: _____ Place of Birth: _____
(first) (last)

Mother's Name: _____ Place of Birth: _____
(first) (maiden) (last)

Parent's Email Address: _____

School: _____ School Grade: _____

Rel Ed Session: _____ Rel Ed Grade: _____

SACRAMENTS

BAPTISM* Church: _____ Date: _____

FIRST COMMUNION Church: _____ Date: _____

FIRST PENANCE Church: _____ Date: _____

EMERGENCY CONTACT

Mother's cell phone: _____ Father's cell phone: _____

If neither parent has a cell phone and no one can be reached at home, who should we contact in case of emergency?

Name: _____ Phone: _____

SPECIAL NEEDS

Does this student have special needs or medical conditions that we should be aware of? no yes

If "yes", please explain: _____

PARENT'S REQUESTS (i.e., assign to particular catechist/class, conflict with schedule due to sports, home school, etc)

** If the student was baptized in a parish other than St. Michael, we will need to have a copy of the baptismal certificate*

» <u>FOR GRADES 1 - 5 ONLY</u> «		
<u>CLASS ASSIGNMENT REQUEST</u>		
	<u>MASS</u>	<u>CLASS</u>
<input type="checkbox"/> Sunday morning	9:00 a.m.	10:00 - 11:00 a.m.
<input type="checkbox"/> Sunday morning	10:30 a.m.	11:30 - 12:30 a.m.
<input type="checkbox"/> Tuesday afternoon	*	5:00 - 6:00 p.m.
* Students attending weekday classes are expected to attend one of the weekend Masses of choice		