

# ST. MICHAEL'S PARISH, HUDSON, MA

RELIGIOUS EDUCATION PROGRAM

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_  Cash

## CURRENT STUDENT REGISTRATION ~ GRADES 1-8

Student Name: \_\_\_\_\_  
(first) (mid) (last)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(number & street) (city) (zip)

Guardian Name (if different than parent): \_\_\_\_\_

Address mail to: \_\_\_\_\_

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

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

Parent's Email Address: \_\_\_\_\_  
(name) (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: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### SPECIAL NEEDS

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

If "yes", please explain: \_\_\_\_\_

#### CLASS REASSIGNMENT REQUEST:

Please change my daughter/son to the following session:

	<u>MASS</u>	<u>CLASS</u>	<u>GRADES</u>	<u>NOTES</u>
<input type="checkbox"/>	Sunday morning	9:00 a.m.	10:15 - 11:15 a.m.	Grs 1 - 8 limited space for grades 3 - 8
<input type="checkbox"/>	Tuesday afternoon	*	4:00 - 5:00 p.m.	Grs 1 - 8 limited space for grades 1, 2, 6 - 8
<input type="checkbox"/>	Wednesday evening	*	6:00 - 7:00 p.m.	Grs 2 - 8 limited space for grades 2, 6 - 8
<input type="checkbox"/>	Sunday evening	5:00 p.m.	6:15 - 7:15 p.m.	Grs 6 - 8 grades 6 - 8 only

\* Students attending weekday classes are expected to attend one of the weekend Masses of choice