

# RELIGIOUS EDUCATION REGISTRATION (GRADES 1-7)

Saint Michael Church, Beacon Falls CT 06403

203-729-2504

Registration Fee: Parishioner: \$35.00 Non-Parishioner: \$55.00  
Maximum per Parishioner family: \$75.00 Maximum per Non Parishioner Family: \$160.00

**Deadline for registration is September 15<sup>th</sup> 2018**

*(Students in grades 8 and 9, please use Confirmation Registration)*

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

We are currently registered parishioners of St. Michael Church, Beacon Falls CT: \_\_\_ Yes \_\_\_ No  
If not currently a registered parishioner, which parish are you a member of: \_\_\_\_\_

Has your child been baptized: \_\_\_ Yes \_\_\_ No

Place of Baptism:

St. Michael Church, Beacon Falls  Other: \_\_\_\_\_

**Parents of 3<sup>rd</sup> Grade Students: PLEASE NOTE that if your child was NOT baptized at St. Michael Church, Beacon Falls, CT, a copy of his/her Baptism Certificate must be attached to this form in order to register. All students registering for 3<sup>rd</sup> grade CCD MUST have completed the 2<sup>nd</sup> grade curriculum.**

Please provide an alternate contact in case of an emergency and we are unable to contact you:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*\*\*Please note any health issues you feel we should know about on the back of this form\*\*\*

Parent's/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

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

Total Payment: \_\_\_\_\_

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