

THE ROMAN CATHOLIC PARISH OF

Saint Michael

25 MAPLE AVENUE, BEACON FALLS, CT 06403

PHONE 203-729-2504 FAX 203-723-0710

RELIGIOUS EDUCATION REGISTRATION (GRADES 1-7)

Registration Fee: Parishioner: \$35.00 Non-Parishioner: \$55.00

Maximum per Parishioner family (3 or more children): \$90.00

Maximum per Non Parishioner Family (3 or more children): \$150.00

Maximum Fees Do Not Include Confirmation Registration

Deadline for registration is September 15th 2019

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

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

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

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

Primary Phone #: \_\_\_\_\_ Secondary 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 3rd Grade Students: PLEASE NOTE that if your child was NOT baptized at St. Michael Church, Beacon Falls, CT, a copy of his/her Baptismal Certificate must be attached to this form in order to register. All students registering for 3rd grade CCD MUST have completed the 2nd 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: \_\_\_\_\_

FOR OFFICE USE ONLY:

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

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

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