

# ST. MICHAEL FAITH FORMATION REGISTRATION—ALL GRADES

Placement in classes is on a first-come, first-served basis. Please register early!

LAST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
CUSTODIAL PARENT/ GUARDIAN: \_\_\_\_\_  
MOTHER: \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_ RELIGION \_\_\_\_\_  
FATHER: \_\_\_\_\_ FATHER'S RELIGION \_\_\_\_\_  
PARENT'S DATE & CHURCH OF MARRIAGE \_\_\_\_\_  
EMERGENCY CONTACT PHONE: \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ARE YOU A REGISTERED PARISHIONER AT ST. MICHAEL'S? ( ) YES ( ) NO

1. CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
GRADE IN SEPTEMBER 2022: \_\_\_\_\_ SCHOOL ATTENDING IN THE FALL: \_\_\_\_\_  
CHURCH BAPTIZED: \_\_\_\_\_ DATE: \_\_\_\_\_  
ANY SPECIAL NEEDS? \_\_\_\_\_ ALLERGIES? \_\_\_\_\_

2. CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
GRADE IN SEPTEMBER 2022: \_\_\_\_\_ SCHOOL ATTENDING IN THE FALL: \_\_\_\_\_  
CHURCH BAPTIZED: \_\_\_\_\_ DATE: \_\_\_\_\_  
ANY SPECIAL NEEDS? \_\_\_\_\_ ALLERGIES? \_\_\_\_\_

3. CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
GRADE IN SEPTEMBER 2022: \_\_\_\_\_ SCHOOL ATTENDING IN THE FALL: \_\_\_\_\_  
CHURCH BAPTIZED: \_\_\_\_\_ DATE: \_\_\_\_\_  
ANY SPECIAL NEEDS? \_\_\_\_\_ ALLERGIES? \_\_\_\_\_

GR 1-5 CLASS PREFERENCE ( ) Sundays ( ) Weekdays All Gr. 6-10 classes are Sundays

TUITION	One child	2 children*	3 or more children*	Amount
	( ) \$95	( ) \$135	( ) \$160	_____
	*(from the same immediate family)			

FEES: ( ) \$25 1<sup>st</sup> Eucharist Retreat fee for 2d graders only  
( ) \$40 Confirmation II Retreat (gr. 10) \_\_\_\_\_

WAIVER: ( ) For families using church envelopes who contributed \$550 over the past year

Total payment due in full upon registration \_\_\_\_\_

No child will be excluded from Faith Formation due to an inability to pay tuition. Families needing assistance are urged to contact Graceanne Bowe, [bowe@stjohnswinthrop.org](mailto:bowe@stjohnswinthrop.org) (Gr 1-6) or Michelle Nguyen, [youthminister@stjohnswinthrop.org](mailto:youthminister@stjohnswinthrop.org) (Gr 7-10).

PAYMENT METHOD: ( ) Cash ( ) Check ( ) Venmo (NEW!)

## Venmo Instructions:

1. Scan QR Code at right OR  
Select "Pay" or "Request" from home screen
2. Enter a name, which is @stmichaelthearchangelparish
3. Enter amount, and in "note," enter St. Michael Faith Formation
4. Tap on either "Pay" or "Request"
5. Tap the green confirmation bar at the bottom of the screen
6. Check to see if you received an email confirming the transaction



COMPLETE BOTH SIDES OF FORM

**BAPTISM AND MASS ATTENDANCE**

In registering my child(ren) for St. Michael’s Faith Formation, I agree to the parish policies and requirements for religious education.

- ( ) **I am aware that weekly Mass attendance is an integral requirement of the program and plan to bring my child to Mass as follows:**
  - ( ) **10:00 am Sunday Family Mass at St. Michael’s**
  - ( ) **Other Sunday (or Saturday evening) Mass**
- ( ) **I agree to provide a baptismal record if my child was baptized at a church other than St. John the Evangelist Church in Winthrop.**
- ( ) **I understand that photos of classes and activities, which may include my child(ren), may occasionally be posted on the parish Web site and social media.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Registration forms may be mailed to the parish, or dropped off at **St. Michael’s Parish Center, 30 Ocean View Avenue in Winthrop**. If the office is closed, you may place your registration in the drop slot, and it will be picked up when the officer re-opens.

**If your child is attending a Catholic school in the fall, please notify the office so that we can maintain their records. DO NOT drop off registrations at the rectory; there are no longer any offices in that building.**

**St. Michael the Archangel Parish**  
**Medical Release Form**  
**2022-2023**

*Required for all students whose programs include on-premise classes on St. Michael’s property.*

**INSURANCE INFORMATION:**

**Family Health Insurance Co.** \_\_\_\_\_ **Policy #** \_\_\_\_\_  
**Family Physical or Clinic:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**PARENTAL RELEASE:**

In signing this form, I hereby certify that the above information is correct. I give permission for the release of medical records to an attending physician in case of injury or illness. In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son / daughter, as named herein. I hereby agree that no liability is assumed by the Archdiocese of Boston, the Office for Youth Ministry, or the Parish for claims which may arise out of this participation in Faith Formation.

**Parent or Guardian Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_