

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

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

REGISTRATION FORM

PARENT INFORMATION

Family Last Name: _____

Father: _____ Mother: _____
(first) (last) (first) (maiden) (last)

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

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Email Address _____ Mother's Email Address: _____

New phone? Yes No / New email? Yes No New phone? Yes No / New email? Yes No

GUARDIAN INFORMATION

Guardian's Name: _____ Home Phone: _____
(first) (last)

Guardian's Mailing Address: _____ Relationship to Student _____
(number & street) (city) (zip)

Guardian's Cell Phone: _____ Guardian's Email Address: _____

EMERGENCY CONTACT

If parents/guardians cannot be reached at home or by cell phone in an emergency, then provide alternative emergency contact.

Name: _____ Relationship: _____ Phone: _____

EMERGENCY MEDICAL RELEASE

In the event of a medical emergency during Religious Education, I authorize a representative of St. Michael Parish to consent medical treatment of my child(ren). In addition, I consent to the release of any medical records which I provided to St. Michael's Parish to medical personnel attending to my child. I hereby release and discharge the Roman Catholic Archdiocese of Boston, a Corporation Sole, St. Michael's Parish, their agents, servants, employees, priest, staff and/or volunteers from any and all claims and all liability which the undersigned had, now has or may hereafter have, against such parties, especially with respect to claims for personal injury, death, damage to or loss of property incident to this event and for any medical care and treatment which is provided to my child.

PARENT SIGNATURE _____ DATE: _____

COMMUNICATION

Our primary choice of communication is email, however if you prefer postal mail please let us know.

PARENTAL CONSENT

PHOTOGRAPH POLICY: Photographs of your child(ren) may be taken by catechists and members of the parish staff or parish volunteers for use on the parish website or parish bulletin boards. If you don't want us to take pictures/videos of your child, please opt out below. Parents Initials to opt out. _____

FIRST CHILD:

Name: _____ Male Female
(first) (middle) (last)

Date of Birth: _____ Place of Birth: _____

School: _____ School Grade: _____

9th & 10th grade students email address (required): _____

Religious Ed Session (Please select a session): _____ Religious Ed Grade: _____

Grade K – 5: Sunday 10:00am Monday 5:00 pm Tuesday 5:30pm

Grade 6 – 8: Sunday 11:30am – 12:45pm Tuesday 6:30pm – 7:45pm

Confirmation 1 Sunday 4:00pm – 5:30pm Confirmation 2 Sunday 6:30pm – 8:00pm

Baptism* Church _____ Date: _____

First Communion: Church _____ Date: _____

First Penance: Church _____ Date: _____

COMMENTS/SPECIAL NEEDS OF THE CHILD INCLUDING FOOD ALLERGIES: _____

SECOND CHILD:

Name: _____ Male Female
(first) (middle) (last)

Date of Birth: _____ Place of Birth: _____

School: _____ School Grade: _____

9th & 10th grade students email address (required): _____

Religious Ed Session (Please select a session): _____ Religious Ed Grade: _____

Grade K – 5: Sunday 10:00am Monday 5:00 pm Tuesday 5:30pm

Grade 6 – 8: Sunday 11:30am – 12:45pm Tuesday 6:30pm – 7:45pm

Confirmation 1 Sunday 4:00pm – 5:30pm Confirmation 2 Sunday 6:30pm – 8:00pm

Baptism* Church _____ Date: _____

First Communion: Church _____ Date: _____

First Penance: Church _____ Date: _____

COMMENTS/SPECIAL NEEDS OF THE CHILD INCLUDING FOOD ALLERGIES: _____

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

THIRD CHILD:

Name: _____ Male Female
(first) (middle) (last)

Date of Birth: _____ Place of Birth: _____

School: _____ School Grade: _____

9th & 10th grade students email address (required): _____

9th & 10th grade students email address (required): _____

Religious Ed Session (Please select a session): _____ Religious Ed Grade: _____

Grade K – 5: Sunday 10:00am Monday 5:00 pm Tuesday 5:30pm

Grade 6 – 8: Sunday 11:30am – 12:45pm Tuesday 6:30pm – 7:45pm

Confirmation 1 Sunday 4:00pm – 5:30pm Confirmation 2 Sunday 6:30pm – 8:00pm

Baptism* Church _____ Date: _____

First Communion: Church _____ Date: _____

First Penance: Church _____ Date: _____

COMMENTS/SPECIAL NEEDS OF THE CHILD INCLUDING FOOD ALLERGIES: _____

FOURTH CHILD:

Name: _____ Male Female
(first) (middle) (last)

Date of Birth: _____ Place of Birth: _____

School: _____ School Grade: _____

9th & 10th grade students email address (required): _____

Religious Ed Session (Please select a session): _____ Religious Ed Grade: _____

Grade K – 5: Sunday 10:00am Monday 5:00 pm Tuesday 5:30pm

Grade 6 – 8: Sunday 11:30am – 12:45pm Tuesday 6:30pm – 7:45pm

Confirmation 1 Sunday 4:00pm – 5:30pm Confirmation 2 Sunday 6:30pm – 8:00pm

Baptism* Church _____ Date: _____

First Communion: Church _____ Date: _____

First Penance: Church _____ Date: _____

COMMENTS/SPECIAL NEEDS OF THE CHILD INCLUDING FOOD ALLERGIES: _____

**If the student is new to the program and was baptized in a parish, other than St. Michael,*

we will need to have a copy of the baptismal certificate.