

St. Michael the Archangel Catholic Church

Elementary Faith Formation

2010-2011 Registration

804 High House Road
Cary, NC 27513
(919) 468-6100

Family Name _____

IMPORTANT! Please submit a copy of your child's baptismal certificate and completed Permanent Record Form (pg 5) to the Elementary Faith Formation Office if your child will be receiving First Eucharist this year.
If your child was baptized at St. Michael, please check here _____.

Family Last Name					Address					City			State			Zip		
Family Email Address										Home Phone Number								
Father's Name					Work Phone Number					Cell Phone Number								
Mother's Name					Work Phone Number					Cell Phone Number								
Registered Parishioners: (YES) (NO)																		
<p>Note: You are required to be registered with the parish in order to proceed with enrollment in a St. Michael Faith Formation Program. Please register with the parish office by calling (919) 468-6100.</p>																		

Date Received: _____
Check # _____ Cash _____ CC _____
Amount: _____
Date Entered: _____
Parishioner: <input type="checkbox"/>
One child \$75
Two or more \$100
Sac Materials Fee \$25
Baptismal Certificate
Permanent Record Form

Child/Youth Name	M/F	2010-2011 Grade	Friend Request	Email Address	T-Shirt Size

Emergency Contact Information

Name: _____
Phone: _____

I give permission for my child/youth, in case of emergency, to be taken to a physician or hospital by emergency personnel. I understand every effort will be made to contact me. If I cannot be reached, I hereby give my permission to the emergency physician to hospitalize and secure proper treatment for my son/daughter.

Parent/Guardian Signature

Family Name _____

Sacramental History

Youth Name	2010-2011 Grade	Sacraments Received
		___ Baptism ___ 1 st Reconciliation ___ Holy Eucharist ___ Confirmation
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Model Release (Permission for Photos and Video)

Occasionally during the year, we take pictures or videos of youth and/or groups. Names are never used. Some of these may be included on our parish's website or used for other parish purposes. Do you give permission for us to photograph and publish on the parish website your children/youth?
 Please circle one: **Yes No**

Parent/Guardian Signature: _____ Date: _____

Medical and Allergy Information (Confidential: For office/emergency use only)

Child/Youth Name	Medical Condition	Medication Taken	Allergy/Dietary Restrictions	Learning/Physical Restrictions

Family Name _____

Elementary Faith Formation Worksheet

Session Schedules		
Student's Name and Grade 2010-2011	Day/Time (see options below)	

Day/Time Options
PreK-K (In ECC): classes begin October 6 and end April 13
Wednesday 4:30-5:30pm
Grades 1-6 (St. Michael School): Classes begin the week of Sept 14,15,16 and end the week of May 17,18,19
Tuesday 5-6pm OR 6:30-7:30pm
Wednesday 5-6pm OR 6:30-7:30pm
Thursday 5-6pm
Sac Prep: Grade 3 and above who have not received First Eucharist
Tuesday 5-6pm OR Wednesday 6:30-7:30pm
Home School
Off- Site
RCIC Sundays
Catechesis of the Good Shepherd (Atrium): This is a very popular program with limited space. Please register early!
COGS classes begin the week of September 13 and end the week of June 6
Level I (PreK/K) Monday 4:30-5:30pm OR Tuesday 3:30-4:30pm OR Thursday 3:30-4:30pm OR Thursday 5-6pm
Level II (Gr 1,2,3) Monday 6-7pm OR Tuesday 5-6pm OR Thursday 6:30-7:30pm
Level III(Gr 4,5,6) Tuesday 6:30-7:30pm
***Level II and Level III require previous Catechesis of the Good Shepherd experience except Grade 1.

Stewardship Opportunities Faith Formation : Pre-Kinder through Grade 6

Name _____ Tel: _____
E-Mail: _____ Cell Phone: _____

Student's Class Day _____ Time _____ (Please print)

2010-2011 COMMITMENT

_____ Catechist (Teacher) Traditional Faith Formation Classes (T, W, Th Evenings, Grade 1 – 6)
Please specify chosen grade, day, and time. _____

_____ Co/Assistant Catechist (Circle Catechesis of the Good Shepherd or Traditional Faith Formation)
Please specify chosen grade, day, and time. _____

_____ Catechist or Co-Teacher Pre K or K: **Wednesday** at 4:30-5:30pm
Please specify level. _____

_____ Permanent Substitute (Available for a certain class as a back-up if teacher is absent.)
Please specify chosen grade, day, and time. _____

_____ Babysitting (Tues., Wed., Thurs., at 5:00 PM or Tues., Wed., at 6:30PM)
Please specify day/time choice. _____

_____ ****Safety Monitor** (Tues., Wed., Thurs., at 5:00 PM or Tues., Wed., at 6:30PM)
Monitor activity on assigned floor or at main door. ****Required for Safe Environment Policy****
Please specify day/time choice. _____

_____ Clerical Support (Tues., Wed., Thurs., at 5:00 PM or Tues., Wed., at 6:30 PM)
Please specify day/time choice. _____

_____ General Office Help (Weekday mornings throughout the year)
Please specify day/time choice. _____

One Time OR on-call Commitment

- _____ Assemble Catechist Support Materials (Weekday mornings in August)
- _____ Restocking supply boxes in the school (Weekday mornings in July/August)
- _____ Special Event help
- _____ Assemble Banner Kit for First Eucharist
- _____ At home help

Family
Name _____

St. Michael the Archangel Catholic Church
FIRST EUCHARIST PERMANENT RECORD DATA FORM
Please Print

Name
(As it appears on Baptismal certificate)

First	Middle	Last
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Current Address _____

City	State	Zip
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Father's name _____

Mother's *maiden*
name _____

Date of Birth _____

Place of Birth _____

City	State
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Date of Baptism _____

Church of Baptism _____

City	State
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*****Please Note: Sacrament Preparation Fee*****
\$25.00 _____ Paid _____ Date _____