

**St. Michael the Archangel Catholic Church**

Faith Formation  
2009-2010 Registration  
804 High House Road  
Cary, NC 27513  
(919) 468-6100

Family Name \_\_\_\_\_

**IMPORTANT!** You must submit a copy of your child's baptismal certificate and return completed the Permanent Record Form (pg 5) to the Faith Formation Office if your child is to receive First Eucharist this year. If your child was baptized at St. Michael, please contact Leslie Stironek at [lstironek@stmichaelcary.org](mailto:lstironek@stmichaelcary.org) to request a copy be forwarded to the Faith Formation Office.

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	
<b>Registered Parishioners:</b> (YES) (NO)			
<p><b>Note:</b> 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:**

One child \$75		
Two or more \$100		
Sac Materials Fee \$25		
( if receiving First Eucharist this year)		

<b>Student Information</b>						
Child/Youth Name	M/F	Rising Grade	School	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	Rising Grade	Sacraments Received
		___ Baptism ___ 1 <sup>st</sup> Reconciliation ___ Holy Eucharist ___ Confirmation
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Please submit a copy of youth's baptismal certificate and return completed the Permanent Record Form (page 5) to the Faith Formation Office if your child will be receiving First Eucharist this year. If your child was baptized at St. Michael, please contact Leslie Stironek at [lstironek@stmichaelcary.org](mailto:lstironek@stmichaelcary.org) to request a copy be forwarded to the Faith Formation Office.

**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	Day/Time (see options below)	

Day/Time Options		
<b>PreK-K</b>	Sunday	8:45am <b>OR</b> 10:30am
<b>Grades 1-6</b>	Tuesday	5-6pm <b>OR</b> 6:30-7:30pm
	Wednesday	5-6pm <b>OR</b> 6:30-7:30pm
	Thursday	5-6pm
<b>Sacramental Preparation</b>	Tuesday	5-6pm <b>OR</b> 6:30-7:30pm
	Wednesday	6:30-7:30pm
<b>Home School</b>		
<b>Off- Site</b>		
<b>Catechesis of the Good Shepherd: This is a very popular program with limited space. Please register early!</b>		
Level I (PreK/K)	Tuesday	3:30-4:30pm <b>OR</b> Thursday 4:30-5:30pm
Level II (Gr 1,2,3)	Monday	4:30-5:30pm <b>OR</b> Tuesday 5-6pm <b>OR</b> Wednesday 4:30-5:30pm <b>OR</b> Thursday 6-7pm
Level III(Gr 4,5,6)	Tuesday	6:30-7:30pm <b>OR</b> Wednesday 6-7pm
***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)

### 2009-2010 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 (**Sunday** at 8:45 AM, 10:30AM, Pre-Kinder & Kinder)  
Please specify chosen time and 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)
- \_\_\_\_\_ First Reconciliation Workshops (Oct & Nov)
- \_\_\_\_\_ First Eucharist Workshops (March)
- \_\_\_\_\_ Assemble Banner Kit for First Eucharist

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 \_\_\_\_\_