

**ST. MICHAEL THE ARCHANGEL  
RELIGIOUS EDUCATION REGISTRATION FORM  
2281 STATE ROAD 580 CLEARWATER, FL. 33763  
TELEPHONE (727) 797-2375 ext. 243**

Grades K - 1 Sunday morning 9:30am-10:30am

Grades 2 -8 Monday evening 6:45-8:00pm

**Fees: 50.00 per child to be included w/registration form**

**Additional 25.00 fee for 1st Communion classes**

**STUDENTS PREVIOUSLY REGISTERED - 2018/2019 SCHOOL YEAR**

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Marital Status \_\_\_\_\_

**Father**

**Mother**

**S/M/D**

Address \_\_\_\_\_

**Street (P.O. Box)**

**City**

**Zip Code**

Phone

No. \_\_\_\_\_

**Home**

**Emergency**

**Work**

**Cell**

**PLEASE LIST CHILDREN IN ORDER FROM OLDEST TO YOUNGEST:**

**As of 09/01/2018**

**Last Name \_\_\_\_\_ First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_**

**Last Name \_\_\_\_\_ First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_**

**Last Name \_\_\_\_\_ First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_**

**Last Name \_\_\_\_\_ First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_**

**Sacraments to be received this year? \_\_\_\_\_ Did student attend last yr? \_\_\_\_\_**

**(Copy of Baptismal certificate and additional \$25.00 fee must be enclosed for Reconciliation/1st Communion)**

**Health problems or other special needs/ medications? (Confidential Information) Please list child's name and explain**

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