

**“DISCIPLESHIP”**  
**Parish School of Religion – Registration Form**  
**(1<sup>st</sup> – 8<sup>th</sup> Grade)**

**Parent Information**

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

Address: \_\_\_\_\_

Street City Zip

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status:  Married  Divorced  Remarried  Other

If divorced, custodial parent: \_\_\_\_\_

If remarried, step-parent: \_\_\_\_\_

*The Discipleship Program operates successfully because of its many volunteers. If you would like to share your time and talents with our younger parishioners, please indicate below:*

Will help in the following area:

- Teacher
- Substitute
- Teacher's Aide
- Office/Hall Monitor

***Please indicate which parent is  
volunteering:*** \_\_\_\_\_

May consider helping if you are in need.

Am unable to help at this time.

**Fees**

**Parishioner Rates**

**\$60.00 – One Child**

**\$70.00 – Two Children**

**\$80.00 – Three or more Children**

**Non-Parishioner Rates**

**\$80.00 – One Child**

**\$90.00 – Two Children**

**\$100.00 - Three or more Children**

**Make checks out to – St. Michael the Archangel Parish. If you are unable to afford this amount or are unable to pay at this time, please call the Parish Office to make arrangements. Send to St. Michael the Archangel Parish Office, c/o Geri, 750 Bright Rd., Findlay, OH 45840**

**Student Information**

Name: \_\_\_\_\_ Grade 19/20: \_\_\_\_\_

Day Attending:  Sunday  Tuesday

Sacraments Received:

Baptism  Reconciliation  Eucharist  Confirmation

Special Concerns: (i.e. Learning Disability, ADD, ADHD)

Explain: \_\_\_\_\_

Participation in *Touching Safety*:  Yes  No

Student Media Consent:  Yes  No

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Name: \_\_\_\_\_ Grade 19/20: \_\_\_\_\_

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Special Concerns: (i.e. Learning Disability, ADD, ADHD)

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Student Media Consent:  Yes  No

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For Office Use

Date Form Received: \_\_\_\_\_ Date Fee Received: \_\_\_\_\_