

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

Parent Information

Family Name: _____

Address: _____
Street City Zip

Father’s Name: _____ Religion: _____

Mother’s Name: _____ Religion: _____

Marital Status: Married Divorced Remarried Other

If divorced, custodial parent: _____

If remarried, step-parent: _____

Father’s Phone: _____ Email: _____

Mother’s Phone: _____ Email: _____

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 20/21: _____

Day Attending: Sunday Tuesday

Sacraments Received:

Baptism Reconciliation Eucharist Confirmation

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

Explain: _____

Student Media Consent: Yes No

Will do *Touching Safety* home study: Yes No

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For Office Use

Date Form Received: _____ Date Fee Received: _____