

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 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									
Registered Parishioners: (YES) (NO)																													
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.																													

Date Received: _____	
Check # _____	Cash _____ CC _____
Amount: _____	
Date Entered: _____	
Parishioner: <input type="checkbox"/>	
One child \$75	<input type="checkbox"/>
Two or more \$100	<input type="checkbox"/>
Sac Materials Fee \$25	<input type="checkbox"/>
(if receiving First Eucharist this year)	<input type="checkbox"/>

Student Information

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 st Reconciliation ___ Holy Eucharist ___ Confirmation
		___ Baptism ___ 1 st Reconciliation ___ Holy Eucharist ___ Confirmation
		___ Baptism ___ 1 st Reconciliation ___ Holy Eucharist ___ Confirmation
		___ Baptism ___ 1 st Reconciliation ___ Holy Eucharist ___ Confirmation

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 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		
PreK-K	Sunday	8:45am OR 10:30am
Grades 1-6	Tuesday	5-6pm OR 6:30-7:30pm
	Wednesday	5-6pm OR 6:30-7:30pm
	Thursday	5-6pm
Sacramental Preparation	Tuesday	5-6pm OR 6:30-7:30pm
	Wednesday	6:30-7:30pm
Home School		
Off- Site		
Catechesis of the Good Shepherd: This is a very popular program with limited space. Please register early!		
Level I (PreK/K)	Tuesday	3:30-4:30pm OR Thursday 4:30-5:30pm
Level II (Gr 1,2,3)	Monday	4:30-5:30pm OR Tuesday 5-6pm OR Wednesday 4:30-5:30pm OR Thursday 6-7pm
Level III(Gr 4,5,6)	Tuesday	6:30-7:30pm OR 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, Grade1 – 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

Current Address _____

City State Zip

Father's name _____

Mother's *maiden*
name _____

Date of Birth _____

Place of Birth _____
City State

Date of Baptism _____

Church of Baptism _____

City State

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

Faith Formation Registration Form