

SAINT MICHAEL'S PARISH
Church School Registration Form

Please fill out one line for each child:

Name	Birth Date	Grade
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of Parents: _____

Mailing Address: _____

Phone(s): _____

Email Address: _____

Would you be interested in volunteering, as a church school teacher (assistant or lead teacher) or as a children's outreach project coordinator?

May we please have permission to use your child's photo or artwork on the St. Michael's web site in connection with Church School at St. Michael's?

YES / NO Signature of parent: _____

Additional notes or information *i.e.*: allergies, medical concerns, etc.:
