

ST. MICHAEL & ST. PETER - FAITH FORMATION REGISTRATION 2024-2025

FAMILY LAST NAME: _____ **Father's 1st name** _____

Mother's 1st name _____ **Mother's maiden name:** _____

Primary Address: _____ **City/Zip code** _____

Primary Phone () _____ **Cell ()** _____

Cell () _____

Primary Email: _____ **2ND Email:** _____

Children are living with: Both parents _____ **Mother** _____ **Father** _____

CHILDREN BEING REGISTERED

Class times

Pre-K to grade 6 Sunday 10:30-11:30am OR Grades 1 to 6 Monday 6:30-7:30pm
 Grades 7 and 8 Sunday 12 -2pm for 3 weeks 3 times a year plus seasonal large group meetings
 Chosen4 (grades 9-11 & Confirmation) 4 times a year from 11am to 5pm plus large group meetings

First Name	Last Name (if different)	Sun AM	Mon PM	Grades 7 & 8	Chosen4... 9,10 & 11	Grade in Sept	School District
1. _____	_____						
2. _____	_____						
3. _____	_____						
4. _____	_____						

New family or additional youth from registered family please complete back side

Person other than a custodial parent who is authorized to pick up your child:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

FEES: Pre-K to grade 8: by May 31 June 1- July-31 August 1-31 September 1 and beyond

One child **FREE** \$35.00 \$50.00 \$ 65.00

Two children **FREE** \$50.00 \$65.00 \$ 80.00

Three or more children **FREE** \$75.00 \$90.00 \$105.00

Chosen4... : **FREE** \$80.00 \$95.00 \$110.00

This fee covers the whole Chosen4... program from grade 9 through Confirmation.

*****No child will be denied faith formation due to an inability to pay - contact Mrs. Barker *****

IMPORTANT: List any information helpful for us to know: (medical, food allergies, family or custodial arrangements, strategies that are helpful in a classroom setting to help your child learn)

Total amount paid _____ **CK #** _____

Family is registered in what parish _____

Read photo authorization on the reverse and return completed form to address listed

Please complete for New Family or Additional Youth from a registered family
Family Name: _____

Father's Religion: _____ Mother's Religion: _____

Parents please note: If you are not Catholic but are interested in learning more about the Catholic faith please indicate below:

I would like to know more about the Catholic faith: Name _____

NOTE: To register you must present a *Baptismal certificate for new youth as well as record of *First Eucharist and *First Penance if already received.

not needed if Sacraments received at St. Michael's

Youth's Full Name	Date of Birth	City/State where born	Baptism y/n what church	First Eucharist y/n what church	First Penance y/n what church
1. _____					
2. _____					
3. _____					

Return: completed form (both sides), required certificates (Baptismal, Eucharist and Penance) and check (payable to Church of St. Michael/St. Peter) to:

CHURCH OF ST. MICHAEL & ST. PETER

Attn: Bonnie Barker
4782 W. SENECA TPK
SYRACUSE, NY 13215

Mrs. Bonnie Barker, Director of Faith Formation 315-469-6600 ext 103
FFstmichaelstpeter@syrdio.org

Photo Authorization

Photographs and/or videos of minors are taken periodically for use in parish publications and to celebrate your child's and his or her fellow classmate's participation and accomplishments.

Please note that the diocese, its parishes, schools, and ministries have limited control over the use of photographs or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s).

If you *DO NOT* wish your child's image to be used, please list the child's name(s):

Date

Signature of parent

Printed name of parent