

# Religious Education PK-12

Registration Form 2017-2018



*“Through the grace of the Sacrament of Marriage, parents receive the responsibility and privilege of evangelizing their children. Parents should initiate their children at an early age into the mysteries of the faith of which they are the ‘first heralds’ for their children.”*

Catechism of the Catholic Church 2225



## REGISTRATION DEADLINES:

**All forms must be returned by Wednesday September 6.**

**An early-bird discount of \$10 may be taken if dropped off or postmarked by Friday August 18**

It is **extremely important** that everyone fill out their contact information correctly and completely in the space provided on the reverse side as well as turning it in by the deadlines listed. We base much of our program planning on the information and numbers provided from these registration forms so we really need them returned as soon as possible.

Thank you!



## **Mailing address for forms (and Parish contact information):**

St. Michael the Archangel Parish  
107 S. 7th Street  
Mt. Horeb, WI 53572  
608-437-5348

Nancy Parsley, Administrative Assistant  
Office hours: Wed, Thurs., & Fri. 8:00-12:00  
stih@mhtr.net

Shannon Davies  
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Sonja Preimesberger  
Coordinator for Religious Education, grades PK-5  
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Steve Davies  
Youth Minister, grades 6-12  
romans12@tds.net



## **Sacramental Preparation Notes**

Second grade students receiving First Reconciliation and First Eucharist plus teens beginning Confirmation preparation, please note on the form that there are additional fees listed for all participants in these programs. This covers the costs of additional materials for the classroom portions of the Sacramental prep programs. It also covers the cost of the second grade day retreat. The fees listed do not cover the cost of the required Confirmation retreat which will be held in the Winter of 2019.

**REGISTRATION DEADLINES: All forms must be returned by Wednesday September 6.**  
**An early-bird discount of \$10 may be taken if this form is dropped off or postmarked by Friday August 18**

**Family contact information (or primary parent/caregiver):** Parish registered: \_\_\_\_\_

**First & last name(s)** \_\_\_\_\_

**Mailing address** (incl. City, State, Zip) \_\_\_\_\_


**Telephone number** (home) \_\_\_\_\_ **Telephone numbers** (mobile) (father) \_\_\_\_\_ (mother) \_\_\_\_\_

**e-Mail addresses** (extremely important) (father) \_\_\_\_\_ (mother) \_\_\_\_\_

Contact for schedule changes  Contact for schedule changes

**Emergency contact information (other than parents):**

**First & last name(s)** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Telephone number:** (home/mobile) \_\_\_\_\_

<b>Childrens' Names</b>	<b>Medical note</b> <small>describe below</small>	<b>Grade</b> <small>fall 2017</small>	<b>Date of birth</b>	<b>\$75 per student</b> <small>(Max: \$210/family)</small>	<b>\$55 per student</b> <small>(2nd gr. Sacrament prep fee)</small>	<b>\$125 per student</b> <small>(2 year Confirmation prep)</small>	<input type="checkbox"/> Please check here if you need financial assistance in order to cover fees.   Please read the entire other side...			
				\$	\$	\$				
				\$	\$	\$				
				\$	\$	\$				
				\$	\$	\$				
				\$	\$	\$				
<b>Column Totals:</b>				\$	+	\$	+	\$	=	\$

**Medical, allergy, & educational explanations or other important notes**

**Early-bird discount:** (dropped off or postmarked by August 18, 2017) **-\$ 10**

**Signed up as team teacher/catechist:** **-\$ 50**

**Scholarship donation:** (this is an optional free will offering for families in financial need) **+\$**

**TOTAL amount enclosed:** **\$**



**Please prayerfully consider helping with one or more of the following:** (check as many as apply)

- |  |  |
|--|--|
| <b>Middle and/or High School:</b><br><input type="checkbox"/> Team catechist (\$50 fee discount)<br><input type="checkbox"/> Teacher aid<br><input type="checkbox"/> Special events/retreat<br><input type="checkbox"/> UW Concessions/fundraising | <b>Pre-K thru Grade 5:</b><br><input type="checkbox"/> Team Teacher (\$50 fee discount)<br><input type="checkbox"/> Special Events Helper<br><input type="checkbox"/> Substitute Teacher<br><input type="checkbox"/> Christmas Program Volunteer |
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\*\*\*\*\*  
 Checks should be made out to:  
**St. Michael the Archangel Parish**  
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**Photo release agreement**  
 (if no indication of choice or signature is marked, then authorization is assumed)

I  DO  DO NOT authorize the use of photographs that include my child(ren) in mailings, newsletters, websites, posters, or articles, etc.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date rec'd \_\_\_\_\_

Check # \_\_\_\_\_

\$ Amount \_\_\_\_\_

Form complete?  
 Y  N