

St Michael's CCD 2020-2021
REGISTRATION FORM

(Please Print or complete digitally)

Please download and install Adobe Reader in order to complete the digitally fillable form. Download Adobe Reader here: <https://get.adobe.com/reader/>

STUDENT INFORMATION			
Last name:		First:	
Birth date: / /			Grade
Street address:		Home phone no.: ()	
City:		Postal Code:	
St Michael's Parishioner		<input type="checkbox"/> No <input type="checkbox"/> Yes	Envelope Number
Baptism Date:		Parish :	Certificate: <input type="checkbox"/> No <input type="checkbox"/> Yes
First Communion Date:		Parish:	Certificate: <input type="checkbox"/> No <input type="checkbox"/> Yes
CONTACT INFORMATION			
Parent Information		Cell phone no:	Address (if different):
			Home phone no.:
			()
			()
Email:			
I prefer to get newsletters, calendars and reminders via e-mail <input type="checkbox"/> No <input type="checkbox"/> Yes			
Legal Guardian		<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Other please specify:
MEDICAL INFORMATION			
MEDICAL PROBLEMS OR KNOWN ALLERGIES (i.e. epilepsy, diabetes, food allergies, insect bite allergies, vision or hearing Impairments, etc...)			
<input type="checkbox"/> - No <input type="checkbox"/> - Yes			
Please specify: _____			
LEARNING DIFFICULTIES (reading difficulties, speaking difficulties, physical challenges, autism, developmental delays, etc...)			
<input type="checkbox"/> - No <input type="checkbox"/> - Yes			
Please specify _____			
In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed for educational planning purposes			
Disclosure of this information WILL NOT AFFECT your child's admission			
IN CASE OF EMERGENCY			
Contact Name:		Relationship to Student	Home phone no.:
			()
			Cell phone no:
			()
The above information is true to the best of my knowledge			
Parent Guardian Signature		Date	
_____		_____	
(Please Print Name Only)			