

St Michael's CCD 2021-2022
REGISTRATION FORM

(Please Print)

This form is digitally fillable using Adobe Reader. Download and install free 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...)

- No - Yes

Please specify:

LEARNING DIFFICULTIES (reading difficulties, speaking difficulties, physical challenges, autism, developmental delays, etc...)

- No - 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:
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The above information is true to the best of my knowledge

Parent Guardian Signature _____ Date _____

(PLEASE PRINT NAME ONLY)