St Michael's CCD 2022-2023 **REGISTRATION FORM**

(Please Print)

STUDENT INFORMATION										
Last name: First:										
Birth date:	1	/						Grade		
Street address:		Home phone no.: ()								
City:		Postal Code:								
St Michael's Parishioner No Yes Envelope Number										
Baptism Date: Parish:				Certificate: • No				☐ Yes		
First Communion Date: Parish:				Certificate: 🗖 No				□ Yes		
CONTACT INFORMATION										
Parent Information	formation Cell phone no: Address (if different):				Home pl					
							()			
Email:										
I prefer to get newsletters, calendars and reminders via e-mail □ No □ Yes										
Legal Guardian		☐ Father ☐ 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 Please specify:	-	Yes								
LEARNING DIFFICULTIES (reading difficulties, speaking difficulties, physical challenges, autism, developmental delays, etc)										
□ - No Please specify	<u> </u>	Yes								
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:			R	elationship to Stuc	lent	Home ph	none no.:	Cell phone no:		
The above information is true to	the best of mv know	vledge				, ,		, ,		
Parent Guardian Signature				Date						