

Religious Education Registration

St. Michael Catholic Community

NEW STUDENT'S INFORMATION:

NAME: (First) _____ (Last) _____ AGE: _____

SACRAMENTS Received: Baptism* Reconciliation Holy Communion

GRADE you are registering your child for _____ GRADE your child is attending in regular school _____

Circle each year your child has received religious education: Pre-K K 1 2 3 4 5 6 7

***Non-baptized children must have a plan to be baptized.**

Notify the coordinator: st.michaeltravis@gmail.com

PRIMARY CONTACT:

Father or Mother or GUARDIAN: _____

Phone #: _____ E-MAIL: _____

Address: TAFB FAIRFIED SUISUN CITY VACAVILLE OTHER: _____

IN CASE OF EMERGENCY: *We will always call the Primary Contact first.*

Alternate Contact: Name: _____ Phone #: _____

STATEMENT OF GOOD FAITH: (Please read and initial)

_____ *I understand that my child is receiving Religious Education from St. Michael Catholic Community, Archdiocese for the Military Services (AMS). I intend for my child to attend classes as scheduled.*

_____ *I also understand that parents are the primary educators of their children in matters of faith and morals (Catechism of the Catholic Church: 1653, 2223, and 2252). It is my responsibility to be involved in their Catholic Education Program and to also ensure that he/she attends Mass every Sunday and on Holy Days of Obligation.*

_____ *I will create accounts for my children and my family will participate in the AMS Family Witness Challenge and Assessment at <https://amsfamilywitness.catholicbrain.com/login> Use AMS code TRA08391*

VOLUNTEER: No / Yes, I can assist in the classroom as a substitute or assistant if needed.

PERMISSION TO PUBLISH: No / Yes, I grant permission for the image (not by name) of my child listed on this form to be published in print or social media in support of St. Michael Catholic Community.

Parent's Signature: _____ **Date:** _____

Privacy Act Statement: Authority: 10 USC 8013 Purpose: To enroll, locate and have emergency contact for students in religious education. Routine Uses: Maintain individual registration records. Information is used by religious education staff to provide religious education programs. Disclosure: Voluntary. Failure to provide information could preclude registration/contact by religious education staff.

FOR ADDITIONAL CHILDREN

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Parish Registration

St. Michael Catholic Community

Or Register online at www.stmichaeltravis.org

Name: _____ Phone: (____) ____-____ Email: _____

Do you work on Travis AFB: No Yes >>> Status: AD Reserve Guard Civilian

Catholic:

No

Yes >>> Sacraments Received: Baptism Reconciliation Eucharist Confirmation Matrimony

Married:

No

Yes >>> Spouse's Name: _____

Spouse works on Travis AFB: No Yes >>> Status: AD Reserve Guard Civilian

Catholic:

No

Yes >>> Sacraments Received: Baptism Reconciliation Eucharist Confirmation Matrimony

Total Family Members Including Children: _____

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