

# St. Michael Faith Formation—2026-2027 Registration

Late Registration Fee is \$50.00 payable after May 8, 2026

## Family Information

Today's Date \_\_\_\_\_

Check Here if New Family

\_\_\_\_\_  
FATHER'S LAST NAME/FIRST NAME

\_\_\_\_\_  
MOTHER'S LAST NAME/FIRST NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
CITY, STATE, ZIP

(\_\_\_\_) \_\_\_\_\_  
PHONE

(\_\_\_\_) \_\_\_\_\_  
PHONE

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
E-MAIL ADDRESS

Please provide phone number for One Call Alerts:

Please provide email address for sending info home:

\_\_\_\_\_  
EMERGENCY CONTACT PERSON (Not parent)

(\_\_\_\_) \_\_\_\_\_  
PHONE

## Children You Are Registering

Student Name			Gender M/F	Date of Birth	Grade 2026-2027	Tuesday Wednesday or Sunday Class
First Name –	Middle –	Last –				
1)						
2)						
3)						
4)						

**\*NEW STUDENTS-WE WILL NEED A COPY OF STUDENT'S BAPTISMAL CERTIFICATE, UNLESS BAPTIZED HERE.\***

- Traditional Tuesday Meets Weekly 6:00-7:30 p.m.
- Traditional Wednesday Meets Weekly 6:00-7:30 p.m.
- Family Sunday Meets Monthly 9:30-11:00 a.m. (Parishioners only).
  - ✓ Must be a registered parishioner for 2 years to register for Family Sunday class.
- All classes will be filled on a first-come, first-serve basis.
- The classes will be filled at 15 students maximum and 5 students minimum.
- Class placement is at the discretion of the Director of Religious Education.

**Payment Plan Options for Electronic Fund Transfer**

**Check Option A or B to indicate your tuition payment schedule then choose a payment type below:**

**Option A:** Requires a single payment by cash, check, EFT debit or credit card by August 15, 2026.

**Option B:** Requires 2 payments by EFT debit or credit card on August 15, 2026 & December 15, 2026.

**Check (✓) appropriate for authorized fees:**

**Parishioners—**

**Non-Parishioners—**

One Child-Tuesday/Wednesday \$120.00	One Child-Tuesday/Wednesday \$270.00
Two Children-Tuesday/Wednesday \$210.00	Two Children-Tuesday/Wednesday \$360.00
Three Children-Tuesday/Wednesday 290.00	Three Children-Tuesday/Wednesday \$440.00
Four + Children-Tuesday/Wednesday 350.00	Four + Children-Tuesday/Wednesday \$500.00
One Child-Sunday Monthly \$110.00	<b>The above rates reflect a \$150.00 out-of-parish fee.</b>
Two Children-Sunday Monthly \$200.00	
Three Children-Sunday Monthly \$280.00	
Four + Children-Sunday Monthly \$340.00	
<b>Sacrament Fee-\$30.00 each child, 2<sup>nd</sup>, 3<sup>rd</sup>, 8<sup>th</sup> grade</b>	<b>Sacrament Fee-\$30.00 each child, 2<sup>nd</sup>, 3<sup>rd</sup>, 8<sup>th</sup> grade</b>
<b>Late Fee-\$50.00 after 5/8/26</b>	<b>Late Fee-\$50.00 after 5/8/26</b>
<b>TOTAL FEES: \$</b>	<b>TOTAL FEES: \$</b>

**Payment Type:**

Automatic withdraw from **debit card/credit card—**

Please fill in charge information (**Visa/Master Card/Amex**)

Name on Card: _____	
Card Number: _____	
Exp. Date: _____	Billing Zip Code: _____

**Office Use:**

Check # \_\_\_\_\_  
 Tuition Paid \_\_\_\_\_  
 Tuition Bal \_\_\_\_\_  
 Late Fee after 5/8/26 \_\_\_\_\_

**I authorize St. Michael the Archangel Church to process *debit entries or credit card entries* to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.**

\_\_\_\_\_  
 Authorized signature as it appears on my card or account

\_\_\_\_\_  
 Date

**Tuition Payment Agreement**

**If I do currently meet the requirements of an active parishioner as stated in the Faith Formation Handbook, I understand that I must continue to be an active parishioner or I will be charged the non-parishioner fee of \$150.00 per child.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**St. Michael Faith Formation Permission for Media/Publications**

**I agree to give permission to St. Michael the Archangel Faith Formation to photograph my child(ren) during the 2026-2027 Faith Formation year. I understand that these images may be used in promotional materials including but not limited to, parish bulletins or on the St. Michael the Archangel parish website. The child(ren)'s name(s) will NOT be identified with a photo.**

**Please Check One:**

- \_\_\_\_\_ I agree and consent to my child/children to be photographed and the image to be used for publications.  
 (Names are not used in photos.)
- \_\_\_\_\_ I do NOT want my child(ren)'s picture(s) to be used for publications.

**Do you wish to volunteer as:**  Catechist     Office Aide     Substitute     Parking Lot Guard  
 Reconciliation Reception     Confirmation Retreat     Vacation Bible School

**Are you Virtus trained?**  Yes  No—All adult volunteers must be Virtus trained. Please call Faith Formation office for more information, 219-322-3077.

# Medical Release Form

**FAMILY NAME:** \_\_\_\_\_

In case of emergency, I grant  
consent to:

**St. Michael Faith Formation**

to authorize medical care for my minor child/children:

Child #1

Child #2

Child #3

Child #4

**Our family doctor is:** \_\_\_\_\_

**The hospital we use is:** \_\_\_\_\_

**Medical Conditions: PLEASE LIST**

Child #1

Child #2

Child #3

Child #4

**Alternative Contact**

**Name**

**Phone**

**Signature**

**Printed Name**

**Phone**

**Date**

# Verification Form

## Acknowledgement of Handbook

***My signature affixed below indicates that I have received and will read the St. Michael Faith Formation Parent Handbook 2026-2027. My family and I agree to abide by the policies and guidelines set forth in this handbook.***

Requirements for Saint Michael's Faith Formation Program:

1. Attend Sunday Mass on a regular basis with use of envelopes.
2. Complete the required curriculum before the reception of sacraments.
3. Respectful behavior towards catechists, staff and other students.
4. Regular attendance at classes.
5. Complete all sacramental requirements.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Student Name(s) and Grade(s):**

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