

**Office Use Only:**

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Paperwork Complete? ☐

**PARISH OF SAINT MICHAEL THE ARCHANGEL**

Clayton / Franklinville, New Jersey  
Parish Religious Education Program (PREP)

**FIRST RECONCILIATION & FIRST EUCHARIST**

Formation Enrollment 2020-2021

**Sacramental Fee: \$45**

*Please complete FULLY and PRINT legibly. Thank You!*

**Candidate's Last Name:** \_\_\_\_\_

**Candidate's First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth (City / State):** \_\_\_\_\_

**Gender:** Male ☐ or Female ☐ **Age:** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING**

**Father's Full Name:** \_\_\_\_\_

**Mother's Full Name (including MAIDEN Name):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

**Mother's Cell Phone Number:** \_\_\_\_\_

**Father's Cell Phone Number:** \_\_\_\_\_

The candidate's family is enrolled as Parishioner of the Parish of Saint Michael the Archangel?

Yes: ☐ No: ☐

**EMERGENCY CONTACT INFORMATION:**

In case of emergency and a parent cannot be contacted, please contact the following:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

Has the candidate has been baptized? Yes ☐ No ☐

The name and address of the Church in which the Baptism took place:

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If Baptized in the PARISH OF SAINT MICHAEL THE ARCHANGEL, which Church?

Saint Catherine of Siena, Clayton ☐

Nativity Church, Franklinville ☐

Month, Date and Year of Baptism: \_\_\_\_\_

**A Baptismal Certificate MUST be submitted with this form.**

**(Note: If the Candidate was baptized at Nativity or Saint Catherine's, a Baptismal Certificate is not needed, BUT THE APPROXIMATE DATE OF BAPTISM IS NECESSARY.)**

**Religious Education Grade for 2020-2021:** \_\_\_\_\_

The candidate is enrolled for Religious Education in (check one):

PREP: ☐

Saint Michael the Archangel Regional School: ☐

Please list any medical conditions that the candidate has that the teaching staff should be aware of:

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Please list any learning conditions that the candidate has that the teaching staff should be aware of:

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**PARENT'S STATEMENT OF INTENT:**

I understand the requirements of the program and am committed to assisting my child in his / her full participation in the program.

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

\_\_\_\_\_  
**Parent Printed Name**

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

Family email address (this should be an address in which information regarding the program may be relayed to you. It is also the way of notification if classes need to be cancelled because of inclement weather).

Email address: \_\_\_\_\_