



St Michael's Parish 2nd Annual Christmas Eve Family Choir



Parent Name(s): _____

Street/Town/Zip: _____

Main phone #: _____

Email: _____

Child/ren
First Name(s) : _____

Last Name*: _____
*If different

Grade(s)/or age if not in school _____

Which Religious Ed Session does your child(ren) attend? (Please circle)

I (8:45am) II (11:15am) III IV V (pm on Mon.)

Please list any allergies/special concerns we should be aware of:

You may leave the completed form in the RelEd office