

Toddler Connection Registration Form PLEASE PRINT

Attending Parent or Guardian: _____

1. Child's Name: _____ M ___ F ___

Child's Date of Birth _____/_____/_____

2. Child's Name: _____ M ___ F ___

Child's Date of Birth _____/_____/_____

3. Child's Name: _____ M ___ F ___

Child's Date of Birth _____/_____/_____

Address _____ City _____ Zip Code: _____

Home Telephone _____ Family E-mail _____

Siblings' Names and Grades _____

Important: Please list your child's allergies and/or any health or learning issues that pertain to your child/ren (This information is strictly confidential.)

Father's First/Last Name: _____ Father's Cell Phone # _____

Mother's First/Last Name: _____ Mother's Cell Phone# _____

Emergency Contact: _____ Emergency Phone # _____

FEE: \$30.00 per family per year. Please make check payable to St. Michael Parish. Please let us know if this fee provides a hardship.

PHOTOS: Please sign here if you Do Not want to give permission for your child's picture to be used in parish publications.

SIGNATURE: _____

For Office Use Only:

Registered on: _____

Check: _____

Cash: _____ (Amount)

Notes: _____