

Saint Michael's Cathedral
ECF Program Registration
2019-2020

Please complete this form by printing information clearly so plans can be made to accommodate your child(ren) for the upcoming year. A separate form needs to be completed for each child.

Name: _____

Address: _____

City, State, Zipcode: _____

Grade as of September: _____

Date of Birth: _____

Mother's name: _____

Father's name: _____

Contact Information: This will be used for program updates, church involvement programs for kids, and winter weather cancellations.

Home #: _____

Cell #: _____ text? Y/N

Email: _____

Which is the easiest way to contact during winter weather concerns? Home / cell / email / text

Please List Below 1) any medications your child will have with him/her during class times and instructions for use:

2) any allergies your child has of which our ECF staff should be aware:

3) any other special needs:

Please email or mail this form to passaiccathedral@gmail.com or St Michael's Cathedral, 96 1st Street, Passaic, NJ 07055 BEFORE September 15, 2019.