

# ST MICHAEL THE ARCHANGEL CATHOLIC CHURCH

## FAITH FORMATION REGISTRATION

Please complete both the front and back of the form. Thank you! Fee: \$20.00 per Student

Please Print School Year: 20 / 20 Date: \_\_\_\_\_ Registered Parishioner: \_\_\_ Y / \_\_\_ N

Father/Guardian's Full Name: \_\_\_\_\_  
Last Name First Name

Mother/Guardian's Full Name: \_\_\_\_\_  
Last Name First Name

Mother's maiden name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Her Cell: \_\_\_\_\_ His Cell: \_\_\_\_\_

Her Email: \_\_\_\_\_ @ \_\_\_\_\_ .com His Email: \_\_\_\_\_ @ \_\_\_\_\_ .com

Emergency Contact if above cannot be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

**List ALL children you are enrolling in Faith Formation Class. Check  Sacraments Received**

First Name	Last Name (if different)	Grade	DOB	Baptism	Eucharist	Confirmation	Allergies/Special Needs

\_\_\_\_\_ My Child/Children were enrolled in faith formation classes last year.

\_\_\_\_\_ My Child/Children were enrolled last year at \_\_\_\_\_ Parish

\_\_\_\_\_ My Child/Children were not enrolled in religious education classes last year.

**If child is preparing for First Communion or Confirmation, please complete back of this form.**

**Office Use Only**

Rec'd by: \_\_\_\_\_ Check# \_\_\_\_\_ Cash: \_\_\_\_\_

Date: \_\_\_\_\_ Teacher: \_\_\_\_\_ Optional Donation: \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Bookkeeper \_\_\_\_\_

# Please Complete for Each Child Preparing for First Communion or Confirmation

\_\_\_\_\_ First Communion (Submit Baptismal Cert.) / \_\_\_\_\_ Confirmation (Submit Baptismal & First Communion Cert.)

Baptism Name: \_\_\_\_\_  
First Middle Last

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City State

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
Name

Church Address: \_\_\_\_\_  
City State

Father's Full Name: \_\_\_\_\_  
(as shown on Baptism Certificate) First Middle Last

Mother's Full Name: \_\_\_\_\_  
(as shown on Baptism Certificate) First Middle Maiden

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\_\_\_\_\_ First Communion / \_\_\_\_\_ Confirmation

Baptism Name: \_\_\_\_\_  
First Middle Last

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City State

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
Name

Church Address: \_\_\_\_\_  
City State

Father's Full Name: \_\_\_\_\_  
(as shown on Baptism Certificate) First Middle Last

Mother's Full Name: \_\_\_\_\_  
(as shown on Baptism Certificate) First Middle Maiden

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## OFFICE USE ONLY

Date of Sacrament: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Required Documents:

Baptismal Certificate	Received Y/N	Sacrament Request Form	Received Y/N
First Communion Certificate	Received Y/N	Letter to the Bishop (Conf. Level 2)	Received Y/N