

**St. Michael Faith Formation Registration
Kindergarten through 11th Grade**

PLEASE PRINT

1. _____
First Name Middle Name Last Name Grade Gender (M/F) Birth Date Age Birth Place

Were all Sacraments received at St. Michael Catholic Church? (Check one) Yes ___ No ___

If not, please list Church and approximate dates of Sacraments received:

Church of Baptism: _____ City, State: _____ Zip Code: _____ Approx. Date (M/Y) _____

Reconciliation / Confession {Check one): Yes No

Church of Eucharist _____ City, State: _____ Zip Code: _____ Approx. Date (M/Y) _____

Church of Confirmation _____ City, State: _____ Zip Code: _____ Approx. Date (M/Y) _____

2. _____
First Name Middle Last Name Grade Gender (M/F) Birth Date Age Birth Place

Were all Sacraments received at St. Michael Catholic Church? (Circle one) Yes ___ No ___

If not, please list Church and approximate dates of Sacraments received:

Church of Baptism: _____ City, State: _____ Zip Code: _____ Approx. Date (M/Y) _____

Reconciliation/ Confession {Check one): Yes No

Church of Eucharist _____ City, State: _____ Zip Code: _____ Approx. Date (M/Y) _____

Church of Confirmation _____ City, State: _____ Zip Code: _____ Approx. Date (M/Y) _____

3 . _____
First Name Middle Last Name Grade Gender (M/F) Birth Date Age Birth Place

Were all Sacraments received at St. Michael Catholic Church? (Circle one) Yes ___ No ___

If not, please list Church and approximate dates of Sacraments received:

Church of Baptism: _____ City, State: _____ Zip Code: _____ Approx. Date (M/Y) _____

Reconciliation / Confession (Check one): Yes No

Church of Eucharist _____ City, State: _____ Zip Code: _____ Approx. Date (M/Y) _____

Church of Confirmation _____ City, State: _____ Zip Code: _____ Approx. Date (M/Y) _____

Mother's Married & Maiden Name Address Cell and/or Home Phone Work Phone

Father's Name Address (if different) Cell and/or Home Phone Work Phone

Required Parent E-Mail Addresses

Are you registered Parishioners of St. Michael Church? (Check one) Yes -- No ___

FEES (Circle one): 1 Child/ \$30.00 2 Children / \$40.00 3 or More Children / \$50.00

Amount Paid: \$ _____ CASH: _____ CHECK#: _____ DATE: _____

IF FINANCIAL ASSISTANCE IS NEEDED, PLEASE CONTACT THE PARISH OFFICE AT 275-7549. THANK YOU!

Please turn over to the other side