ST. MICHAEL'S CHURCH FAITH FORMATION PROGRAM
331-6753, jhousecamp@dor.org

REGISTRATION FORM /GRADES K-8

Family Name:_____

Are you registered at St. Michael's Parish?(circle) **Y or N**

Mother's (Maiden) Name:_____
(FIRST) (LAST)

Address:_____
(STREET) (TOWN) (ZIP) (PHONE)

Father's Name:_____
(FIRST) (LAST) (ADDRESS & PHONE IF OTHER THAN MOTHER'S)

Work Phone:_____ Cell Phone:_____
(MOTHER) (FATHER)

Marital Status:_____ E-mail address:_____
(MOTHER) (FATHER)

Child's Full Name:_____Sex:_____DOB:_____Grade:_____

Baptism Date & Place:_____

First Communion Date & Place:_____

First Reconciliation Date & Place:_____

Child's Full Name:_____Sex:_____DOB:_____Grade:_____

Baptism Date & Place:_____

First Communion Date & Place:_____

First Reconciliation Date & Place:_____

*USE BACK OF FORM FOR ADDITIONAL CHILDREN

Registration Fee: **$30.00** individual - **$45.00** per family - (Partial payments accepted)

Amount Enclosed:_____Cash____Check____(MADE OUT TO ST. MICHAEL'S CHURCH)

Would you be willing to assist in this program? Teacher____Substitute____Aide____Banners____

Family Projects____Receptions____Arts & Crafts____

Signature of Parent/Guardian_____