

St. Michael's and St. Joseph's Faith Formation Registration Form:

Please list all of the children in your family that will be attending Faith Formation Classes:

Student's Name: _____ Grade: _____ School: _____ City: _____

Student's Email: _____ Student's Cell Phone: _____ (if any)

Name and Place of the child's baptism: _____ Date of Birth: _____

Sacraments Requested: Eucharist _____ (must have Baptism Certificate) Confirmation _____ None _____

Student's Name: _____ Grade: _____ School: _____ City: _____

Student's Email: _____ Student's Cell Phone: _____ (if any)

Name and Place of the child's baptism: _____ Date of Birth: _____

Sacraments Requested: Eucharist _____ (must have Baptism Certificate) Confirmation _____ None _____

Student's Name: _____ Grade: _____ School: _____ City: _____

Student's Email: _____ Student's Cell Phone: _____ (if any)

Name and Place of the child's baptism: _____ Date of Birth: _____

Sacraments Requested: Eucharist _____ (must have Baptism Certificate) Confirmation _____ None _____

Student's Name: _____ Grade: _____ School: _____ City: _____

Student's Email: _____ Student's Cell Phone: _____ (if any)

Name and Place of the child's baptism: _____ Date of Birth: _____

Sacraments Requested: Eucharist _____ (must have Baptism Certificate) Confirmation _____ None _____

Contact Information:

Parent / Guardian: _____

Address: _____

Phone Numbers: Home: _____ Cell: _____

Parents Email Address: _____

Name of the Parish in which your family is registered at: _____

We need your help! Please mark below how you can assist us:

_____ Teacher _____ Substitute Teacher _____ Transportation _____ Teen Program

_____ Snacks _____ Group Discussion Leader _____ Chaperone _____ Other (please list)