



FAITH FORMATION

2018 – 2019 Registration Form

Date: _____

FAMILY LAST NAME: _____ Family Phone No. _____

Father's Name _____

- Phone No. _____ Email _____

Mother's Name _____

- Phone No. _____ Email _____

Mailing Address _____ City _____ Zip _____

1st Emergency Contact Person _____ No. _____

2nd Emergency Contact Person _____ No. _____

Family is registered at St. Michael Catholic Church? Y / N

If no, where is family registered and attending? _____

Please enter all children who will be attending classes:

Child's <u>First and Last Name</u>	D/Birth	Age	Grade	Received Sacraments of		
				Baptism	Eucharist	Confirmation
<i>example: Johnny Smith</i>	03/08/1999	16	11 th	yes/no	yes/no	yes/no
1. _____				yes/no	yes/no	yes/no
2. _____				yes/no	yes/no	yes/no
3. _____				yes/no	yes/no	yes/no
4. _____				yes/no	yes/no	yes/no

FAMILY COVENANT

We invite you to share your faith by participating at Mass, praying as a family, bringing children to class, participating as a volunteer in the classroom or helping with other activities. Your faith is a living testament to your children: embrace it, show it and, most importantly, share it.

I give permission to use my child's picture in Parish, Diocesan publications and on the web site.

*Signature of Parent/Guardian

DATE _____

REGISTRATION/BOOK FEES

Payment is asked for at the time of registration unless other arrangements have been made.

K--12th grade
\$50 per child x _____ child(ren) \$ _____
(Family Maximum) (\$100)

****Sacramental Fees in addition to above**:**

1st Communion
\$25 per child x _____ (child)ren = \$ _____

Confirmation
\$25 per child x _____ (child)ren = \$ _____

TOTAL DUE \$ _____

For office use only: P/CSC att'd _____ C/CSC Class att'd _____ ASEIP form in _____

Registration/Book Fee receiv'd \$ _____ Check No. _____ Cash _____