

Family Last Name _____

Faith Formation Registration Form – St. Michael’s

Father’s Full Name	Religion
Mother’s Full Name	Religion
Mother’s Maiden Name	
Address (Of Custodial Parent)	City
State/Zip	E-mail
Home Phone	Other Phone #
Non-Custodial Parent (If Applicable)	Religion
Address	City
State/Zip	E-mail
Home Phone	Other Phone #
EMERGENCY CONTACT	Relationship
Home Phone	Other Phone

Children/Youth to Register First, Middle, Last Name Please	Birth Date	Age	Grade	Baptism	Reconciliation	Communion	Confirmation
1.							
2.							
3.							
4.							
5.							

Please list any other children living in your home:

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Do any of the children enrolled have chronic illnesses or physical limitations? Yes No

Do any of the children have any type of learning difficulty? Yes No

Do any of the children attend special education classes in the public school? Yes No

If you answered Yes to any of these questions, please give the name of the child, any information we may need, and how we can help: _____

If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children: _____

Please send this form with:

Registration Fee - \$45/student. Not to exceed - \$135.00 per family

Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

TO: Church of St. Michael, Religious Ed. Registration, 200 Euclid Ave. Milroy, MN 56263

PARENT/LEGAL GUARDIAN PERMISSION FORM

My child or children have permission to be involved in the Faith Formation Programs at

St. Michael's

Parishes, under the direction of its leadership

If a medical emergency occurs, I hereby give permission to transport my child or children to a hospital for emergency medical or surgical treatment. I will be notified as soon as possible to any emergency concerning my child.

Medical Information: Insurance Co. _____
Policy Holder _____ Policy # _____

I also remain legally responsible for any personal actions taken by my child and will be liable for any damage caused by them.

Parent Signature: _____

Date: _____

First Reconciliation & First Eucharist:

Name of child preparing for First Reconciliation and First Eucharist _____

E-mail Address for sacramental information _____

Confirmation:

Name of child preparing for Confirmation _____

E-mail Address for sacramental information _____

Member of family interested in joining the Catholic Faith _____

E-mail address for sacramental information _____

Home Phone: _____

Cell Phone: _____
