

CATHECHISM REGISTRATION

Saint Michael Church, Beacon Falls, CT 06403 (203) 729-2504

FEE \$30.00 PER STUDENT ... \$75.00 Maximum per Family

Deadline for registration is September 30th

NOTE: Registrations will not be accepted after September 30th

CHILD'S NAME: _____

GRADE: _____ SCHOOL _____

PARENT'S/GUARDIAN NAME: _____

ADDRESS: _____

TELEPHONE: _____(home) _____(work) _____(cell)

HAS YOUR CHILD BEEN BAPTIZED: _____ YES _____ NO

PLACE OF BAPTISM:

- St. Michael Church, Beacon Falls
- Other: _____

******* 3rd Grade Students - PLEASE NOTE that if your child was not baptized at St. Michael Church, a copy of his/her Baptism Certificate must be attached to this form in order to Register.**

IN CASE OF EMERGENCY IF WE ARE UNABLE TO CONTACT YOU PLEASE PROVIDE THE NAME AND PHONE NUMBERS OF SOMEONE WE CAN CONTACT

NAME: _____

TELEPHONE: _____(home) _____(work) _____(cell)

Date: _____
Parents'/Guardian Signature

Please note any health issues you feel we should know about on the back of this form. Thank you.

FOR OFFICE USE ONLY:

Date Received: _____ Payment received: _____