Saint Michael Church, Beacon Falls CT 06403

CONFIRAMATION REGISTRATION FORM GRADES 8 AND 9

FEE: \$75.00 Parishioner \$95.00 Non -Parishioners Please make checks payable to: St. Michael Church

8 th Grade Registration due by: Sept 21 st 2017 9 th Grade Registration due by: Dec. 18 th 2017	
Student Name:	Grade:
Parent Name:	Email:
Address:	
Phone (Home):	Phone (Cell):
	of St. Michael Church, Beacon Falls:Yes No which parish are you a member of:
Place of Students' Baptism: S	St. Michael Dther: Please Specify
	OT BAPTIZED AT ST. MICHAEL CHURCH, A COPY OF T BE ATTACHED TO THIS FORM IN ORDER TO REGISTER.
Please provide an alternate contact in	case of an emergency and we are unable to contact you:
Name:	Phone Number:
Please note any health issues you feel	we should know about on the back of this form.
FOR OFFICE USE ONLY:	
Date Received:	Total Payment:
	Cash: Check #: