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

8th and 9th Grade Registration due by: Sept 21st 2018

Student Name: _____ Grade: _____

Parent Name: _____ Email: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____

We are currently registered parishioners of St. Michael Church, Beacon Falls: _____Yes_____ No
If not currently a registered parishioner, which parish are you a member of: _____

Place of Students' Baptism: _____ St. Michael
_____ Other: Please Specify _____

PLEASE NOTE: 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.

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 #: _____