

THE ROMAN CATHOLIC PARISH OF
Saint Michael

25 MAPLE AVENUE, BEACON FALLS, CT
PHONE 203-729-2504 FAX 203-723-0710

**CONFIRMATION REGISTRATION FORM
GRADES 8 AND 9**

FEE: \$75.00 Parishioner \$95.00 Non -Parishioners

Please make checks payable to: St. Michael Church

NOTE: Confirmation is a two year program, consisting of two payments of \$75.00 for a total of \$150.00

8th and 9th Grade Registration due by: Sept 15th 2019

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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.

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FOR OFFICE USE ONLY:

Date Received: _____ Total Payment: _____

Cash: _____ Check #: _____