

25 MAPLE AVENUE, BEACON FALLS, CT 06403 PHONE 203-729-2504 FAX 203-723-0710

CONFIRMATION REGISTRATION (GRADES 8 AND 9) 2023-2024

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

8th and 9th Grade Registration is due by October 15, 2023.

PLEASE NOTE: STUDENTS MUST HAVE COMPLETED FAITH FORMATION GRADES 1-7 PRIOR TO ENTERING THE CONFIRMATION PROGRAM.	
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Student Name:	Grade:
Parent Name:	Email:
Address:	
Phone (Home):	Phone (Cell):
, , ,	hioners of St. Michael Church, Beacon Falls:Yes No hioner, which parish are you a member of?:
Place of Students' Baptism:	St. Michael Other: Please Specify
	WAS NOT BAPTIZED AT ST. MICHAEL CHURCH, A COPY OF TE MUST BE ATTACHED TO THIS FORM IN ORDER TO REGISTER.
HIS/HER BAPTISM CERTIFICAT	E MUST BE ATTACHED TO THIS FORM IN ORDER TO REGISTER.
HIS/HER BAPTISM CERTIFICAT Please provide an alternate co	E MUST BE ATTACHED TO THIS FORM IN ORDER TO REGISTER.
HIS/HER BAPTISM CERTIFICAT Please provide an alternate co	TE MUST BE ATTACHED TO THIS FORM IN ORDER TO REGISTER. Intact in case of an emergency and we are unable to contact you.:
Please provide an alternate con Name: Please note any health issues y I consent to my child(ren) view	re MUST BE ATTACHED TO THIS FORM IN ORDER TO REGISTER. Intact in case of an emergency and we are unable to contact you.: Phone Number:
Please provide an alternate con Name: Please note any health issues your consent to my child(ren) view facilitated by Saint Michael's (the need arises.	TE MUST BE ATTACHED TO THIS FORM IN ORDER TO REGISTER. Intact in case of an emergency and we are unable to contact you.: Phone Number: You feel we should know about on the back of this form. Wing and participating in virtual online learning CCD classes

Cash: _____ Check #: ____