

Family Last Name \_\_\_\_\_

## Faith Formation Registration Form – St. Michael’s

|                                      |                     |
|--------------------------------------|---------------------|
| Father’s Full Name                   | Religion            |
| Mother’s Full Name                   | Religion            |
| Mother’s Maiden Name                 |                     |
| Address (Of Custodial Parent)        | City                |
| State/Zip                            | E-mail              |
| Home Phone                           | Other Phone #       |
| Non-Custodial Parent (If Applicable) | Religion            |
| Address                              | City                |
| State/Zip                            | E-mail              |
| Home Phone                           | Other Phone #       |
| <b>EMERGENCY CONTACT</b>             | <b>Relationship</b> |
| <b>Home Phone</b>                    | <b>Other Phone</b>  |

| Children/Youth to Register<br>First, Middle, Last Name Please | Birth Date | Age | Grade | Baptism | Reconciliation | Communion | Confirmation |
|---|------------|-----|-------|---------|----------------|-----------|--------------|
| 1.  |            |     |       |         |                |           |              |
| 2.  |            |     |       |         |                |           |              |
| 3.  |            |     |       |         |                |           |              |
| 4.  |            |     |       |         |                |           |              |
| 5.  |            |     |       |         |                |           |              |

*Please list any other children living in your home:*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

*Do any of the children enrolled have chronic illnesses or physical limitations?* Yes No

*Do any of the children have any type of learning difficulty?* Yes No

*Do any of the children attend special education classes in the public school?* Yes No

*If you answered Yes to any of these questions, please give the name of the child, any information we may need, and how we can help:* \_\_\_\_\_

*If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:* \_\_\_\_\_

**Please send this form with:**

**Registration Fee - \$45/student. Not to exceed - \$135.00 per family**

*Additional fees may be collected for retreats, rallies, and/or field trips as necessary.*

**TO: Church of St. Michael, Religious Ed. Registration, 200 Euclid Ave. Milroy, MN 56263**

# PARENT/LEGAL GUARDIAN PERMISSION FORM

My child or children have permission to be involved in the Faith Formation Programs at

St. Michael's

Parishes, under the direction of its leadership

If a medical emergency occurs, I hereby give permission to transport my child or children to a hospital for emergency medical or surgical treatment. I will be notified as soon as possible to any emergency concerning my child.

Medical Information: Insurance Co. \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_

I also remain legally responsible for any personal actions taken by my child and will be liable for any damage caused by them.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## First Reconciliation & First Eucharist:

Name of child preparing for First Reconciliation and First Eucharist \_\_\_\_\_

E-mail Address for sacramental information \_\_\_\_\_

## Confirmation:

Name of child preparing for Confirmation \_\_\_\_\_

E-mail Address for sacramental information \_\_\_\_\_

Member of family interested in joining the Catholic Faith \_\_\_\_\_

E-mail address for sacramental information \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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