Family Faith Formation and Sacramental Registration 2023—2024

Church of the Resurrection and St. Michael Parishes



Form A

-ather					
First Name Last Name		Cell <i>Phone</i>		Religion	
Mother					
First Name Last Name Maiden Nar	ne C	Cell <i>Phone</i>		Religion	
Current email address is required. Email will be the pro	imary commu	nication r	method for the program).	
*E-Mail for Family					
Primary Family Phone #:					
Emergency Phone Number:	Eı	mergency	Phone Description:		
Mailing Address					
	ion Registrati				
Child(rens) name(s) Enrolling in 2023-2024 Faith Formation	Date of Birth	Gender	School Name and Grade	T-Shirt Size	
Please list oldest to youngest. Include first & last name.	(mm/dd/yy)	(M/F)	entering in fall of 2022	May be used for special events	
L)					
2)					
3)					
Please list any health, physical, or educational needs your child(re	, ,	•			
Child's name and concerns:					
Child's name and concerns:					
I would like to enroll my child(ren) in the Home S	~~~~~ Study Program	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~~~		

(If your child was NOT baptized at one of our Eastside Parishes, please provide a copy of their baptismal certificate.)

Child(rens) name(s) Enrolling in 2023-2024 Sacramental Preparation Please repeat first and last name information from above.	First Communion (2nd Grade)	Confirmation (10th Grade)	Location of Baptism, Parish and City, State
1)			
2)			