Family Faith Formation and Sacramental Registration 2024—2025



Church of the Resurrection and St. Michael Parishes

Please type or print:

Father___

First Name Last Name			Cell <i>Phone</i>			Religion	
Mother							
First Name Last Name Maiden Name			Cell <i>Phone</i>		Religion		
Current email address is required. Email will be the primary communication method for the program.							
*E-Mail for Family							
Primary Family Phone #: High School Teen Phone #:							
Emergency Phone Number:			Emergency Phone Description:				
Mailing Address							
Street		С	City, State		Zip Code		
Faith Formation Registration							
Child(rens) name(s) Enrolling in 2024-2025 Faith Formation	Date	of Birth	Gender	School Nam	e and Grade		
Please list oldest to youngest. Include first & last name.	(mm/dd/yy)		(M/F)	entering in fall of 2024			
1)							
2)							
3)							
Please list any health, physical, or educational needs your child(ren) may have (e.g. Learning Disabilities, IEP): Child's name and concerns: Child's name and concerns:							
I would like to enroll my child(ren) in the Home Study Program.							
Sacramental Registration for First Communion and Confirmation							
(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 2024-2025 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)							