

ST. MICHAEL'S & ST. ISIDORE'S FAITH FORMATION PROGRAM REGISTRATION

PLEASE PRINT NEATLY

Family Last Name: _____

Registered Parish Community: _____

Address: _____

Parent(s)/Guardian(s) Names: _____

Phone Number(s): _____

E-Mail Address for Faith Formation e-mails: _____

Student 1 First Name (Last Name if Different): _____

Student 1 Age: _____ Student 1 Grade for 2021-2022 School Year: _____

Student 1 Date of Birth: ____/____/20____

Student 1 School: _____

Student 1 Sacrament to be received (*if applicable*):

First Reconciliation

First Communion

Confirmation

Food Allergies: _____

Student 2 First Name (Last Name if Different): _____

Student 2 Age: _____ Student 2 Grade for 2021-2022 School Year: _____

Student 2 Date of Birth: ____/____/20____

Student 2 School: _____

Student 2 Sacrament to be received (*if applicable*):

First Reconciliation

First Communion

Confirmation

Food Allergies: _____

ST. MICHAEL'S & ST. ISIDORE'S FAITH FORMATION PROGRAM REGISTRATION

Student 3 First Name (Last Name if Different): _____

Student 3 Age: _____ Student 3 Grade for 2021-2022 School Year: _____

Student 3 Date of Birth: ____/____/_20_____

Student 3 School: _____

Student 3 Sacrament to be received (*if applicable*):

First Reconciliation

First Communion

Confirmation

Food Allergies: _____

Student 4 First Name (Last Name if Different): _____

Student 4 Age: _____ Student 4 Grade for 2021-2022 School Year: _____

Student 4 Date of Birth: ____/____/_20_____

Student 4 School: _____

Student 4 Sacrament to be received (*if applicable*):

First Reconciliation

First Communion

Confirmation

Food Allergies: _____

Student 5 First Name (Last Name if Different): _____

Student 5 Age: _____ Student 5 Grade for 2021-2022 School Year: _____

Student 5 Date of Birth: ____/____/_20_____

Student 5 School: _____

Student 5 Sacrament to be received (*if applicable*):

First Reconciliation

First Communion

Confirmation

Food Allergies: _____
