



Saint Michael's Church
Faith Formation

Student's Full Name _____ Grade _____

Parents' Names _____

Mailing Address _____

Email Address _____

Phone Number _____

Medical Conditions or other situations we should know:

Usual Sunday Mass: *(Please circle one.)*

5:00pm Saturday 7:30am Sunday 10:00am Sunday 12:00pm Sunday

Sacraments Already Received: *(Please 'x' all that apply.)*

Catholic Baptism

Holy Eucharist

Confession

Confirmation