

St Michael's 2007-2008 Catholic Faith Formation (CFF) Registration

Use *ONE* form per child. Please print clearly in ink.

Child's Full Name _____
(First) (Middle) (Last)

Nickname _____ Date of Birth _____ Grade _____

Father's Name _____

Mother's Name _____

Address _____

City _____ ZIP _____

Home Phone _____ Cell Phone _____

Email address(es) _____

Emergency Contact/Phone Number _____

1. Is your family registered with the parish? ___ Yes ___ No

****CFF Registration fee of \$50 applies only to non-registered parishioners.**

2. Please check the sacraments your child has received in the Catholic Church:

Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

When was your child baptized? Date _____

Where was your child baptized? Church _____ City/State _____

****Please attach a copy of your child's baptismal certificate to this form if it is not already on file at St. Michael's.**

3. Has your child attended CFF or received other religious education in the past? Yes ___ No ___

If yes, please list church _____ City/State _____

4. Does your child have any allergies, illness, or learning difficulties that we should be aware of?

5. Please let us know how you would like to be involved with the CFF program:

___ Help in the classroom ___ Parking lot patrol (once a month)

___ Prayer catechist--praying for a special class at least once a week

___ Other _____

Thank you and God Bless!