St. Michael the Archangel

Faith Formation Registration Form

Director of Religious Education - Maggie Vuono maggievuono@icloud.com 412-925-0828

Father's Name: Religion:

Mother's Name: Religion:

Address:

Phone:

Email:

Child 1

Child 1 Name:

Birthdate:

Grade:

School:

Baptism Date:

Baptism Church:

First Communion Date:

First Communion Church:

Child 2

Child 2 Name:

Birthdate:

Grade:

School:

Baptism Date:

Baptism Church:

First Communion Date:

St. Michael the Archangel

Faith Formation Registration Form

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Child 3

Child 3 Name:

Birthdate:

Grade:

School:

Baptism Date:

Baptism Church:

First Communion Date:

First Communion Church:

Comments/Special

Needs/Disabilities: