

ST. MICHAEL THE ARCHANGEL FAITH FORMATION REGISTRATION FORM 2025-2026

PLEASE PRINT LEGIBLY

Family Last Name: _____ Parish ID (Envelope #): _____ Different parish? _____

Student(s) live with: Both Parents Mother Father Guardian (Relationship): _____

FULL Home Address (including town & zip): _____

Main E-Mail Address for Updates (please check regularly): _____

Mother's Full (Maiden) Name: _____ Cell #: _____

Father's Full Name: _____ Cell #: _____

Married: Y N Divorced: Y N If divorced, Joint Custodian permission for child(ren) to attend classes: Y N

If divorced, signature of Joint Custodian: _____ Date: _____

We need to be aware of any special circumstances, custody issues, etc. pertaining to your child(ren). Please note:

1st Alternate Allowed to Pick Up Student(s): _____ Cell #: _____

2nd Alternate Allowed to Pick Up Student(s): _____ Cell #: _____

Name: Last _____ First: _____ Middle: _____ Date of Birth: _____

Place of Birth (city/state): _____ Grade (Fall 2025): _____

School (2025-2026): _____

Sex: M F Baptismal Date: _____ Reconciliation Y N Communion Y N Confirmation Y N

Place of Baptism (church/city/state): _____

Special learning needs, allergies, chronic medical problems or other physical restrictions or dietary requirements:

Name: Last _____ First: _____ Middle: _____ Date of Birth: _____

Place of Birth (city/state): _____ Grade (Fall 2025): _____

School (2025-2026): _____

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Saint Michael the Archangel Catholic Church may participate in videotape, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by Saint Michael the Archangel Catholic Church in perpetuity and may be copied, copyrighted, edited and distributed by Saint Michael the Archangel Catholic Church in perpetuity unless said consent is revoked in writing. Please check all that apply below:

- ☐ I AUTHORIZE and give consent to use the name, portrait, or other likeness of my child for the parish bulletin, website, social media, news releases, media, wall decorations and other promotional activities.
- ☐ I DO NOT AUTHORIZE the use of the name, portrait, or other likeness of my child for parish promotional activities.
- ☐ I understand a copy of all my child(ren)'s Sacramental Certificates must be on file.
- ☐ I understand two consecutive years of *recent* faith formation are required before a child can receive a sacrament.
- ☐ I understand that if my child is in 1st or 2nd year sacramental prep, 75% attendance and comprehension is required.
- ☐ **I understand that if my child is in 1st or 2nd year sacramental prep, 75% attendance at weekend Mass is required.**
- ☐ I would like to make a tax-deductible donation to assist those unable to pay. Donation: _____
- ☐ I agree to read and abide by the policies in the Faith Formation Handbook, The Diocese of St. Petersburg Safe Environment Harassment Policy, and the Parent Letter for Sacramental preparation.

No family will be denied due to inability to pay. We can provide financial assistance.

*Fees are non-refundable once classes begin.

Father or Legal Guardian Signature: _____ Date: _____

Mother or Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE		Staff Member: _____	TeamReach: Y N
\$25 Registration X Children = _____		+ \$25 for Retreat X Children = _____	= Total Due: _____
Amount Paid: _____	Cash Online	Check #: _____	Receipt #: _____ Amount Owed: _____