

# Saint Michael

25 MAPLE AVENUE, BEACON FALLS, CT 06403  
PHONE 203-729-2504 FAX 203-723-0710

## CONFIRMATION REGISTRATION GRADES 8 AND 9 2024-25

Registration Fee: Parishioner: \$75.00 Non-Parishioners: \$95.00  
Please make checks payable to St. Michael Church.

**8<sup>th</sup> and 9<sup>th</sup> Grade Registration due by October 1, 2024.**

**PLEASE NOTE: STUDENTS MUST HAVE COMPLETED FAITH FORMATION GRADES 1-7  
PRIOR TO ENTERING THE CONFIRMATION PROGRAM.**

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

We are currently registered parishioners of St. Michael Church, Beacon Falls.:  Yes  No  
If not currently a registered parishioner, which parish are you a member of?: \_\_\_\_\_

Place of Student's Baptism:  St. Michael  
 Other: Please Specify \_\_\_\_\_

**PLEASE NOTE: IF YOUR CHILD WAS NOT BAPTIZED AT ST. MICHAEL CHURCH, A COPY OF  
HIS/HER BAPTISM CERTIFICATE MUST BE ATTACHED TO THIS FORM IN ORDER TO REGISTER.**

Please provide an alternate contact in case of an emergency and we are unable to contact you:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please note any health issues you feel we should know about on the back of this form.

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FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Total Payment: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_