

St. Michael Catholic Church  
Confirmation Registration

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
  First  Middle  Last

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Cell Phone 1 \_\_\_\_\_ Text? \_\_\_Y \_\_\_N

Parent/Guardian Cell Phone 2 \_\_\_\_\_ Text? \_\_\_Y \_\_\_N

Student Cell Phone \_\_\_\_\_ Text? \_\_\_Y \_\_\_N

Parent/Guardian E-Mail \_\_\_\_\_

Student E-Mail \_\_\_\_\_

Are you a registered member of St. Michael Parish? \_\_\_Y \_\_\_N

Grade entering \_\_\_7<sup>th</sup> \_\_\_8<sup>th</sup> \_\_\_9<sup>th</sup> \_\_\_10<sup>th</sup> \_\_\_11<sup>th</sup>

School attending \_\_\_\_\_

Baptism \_\_\_ Date \_\_\_\_\_ Place (parish, city, state) \_\_\_\_\_

1<sup>st</sup> Communion \_\_\_ Date \_\_\_\_\_ Place (parish, city, state) \_\_\_\_\_

**MEDICAL INFORMATION** in the event of an emergency. This information is confidential.

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

(In addition to Parent/Guardian list above)

Hospital Preference \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies \_\_\_\_\_

\_\_\_\_\_

List any current medications/medical concerns \_\_\_\_\_

\_\_\_\_\_

