



**SAINT MICHAEL THE ARCHANGEL PARISH**

8014 State Road 52, Hudson, Florida 34667-6763  
727-868-5276

**FAITH FORMATION REGISTRATION FORM**

Date: \_\_\_\_\_

- Please Print -

Fees: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_  
(Office Use Only)

Family Last Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Mother/Stepmother Name: \_\_\_\_\_ Father/Stepfather Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact (Other than Parent): \_\_\_\_\_ Phone: \_\_\_\_\_

First Name	Middle Initial	Last Name	Grade	Sex	Date of Birth	City/State of Birth
			_____	F M	/ / _____	
	<b>Baptism</b>	<b>Reconciliation</b>	<b>1st Communion</b>		<b>Confirmation</b>	
	Y N	Y N	Y N		Y N	
<b>Date of Sacrament</b>						
<b>Church</b>						
<b>City/State</b>						

First Name	Middle Initial	Last Name	Grade	Sex	Date of Birth	City/State of Birth
			_____	F M	/ / _____	
	<b>Baptism</b>	<b>Reconciliation</b>	<b>1st Communion</b>		<b>Confirmation</b>	
	Y N	Y N	Y N		Y N	
<b>Date of Sacrament</b>						
<b>Church</b>						
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			_____	F   M	/   /   _____	
	<b>Baptism</b>	<b>Reconciliation</b>	<b>1st Communion</b>	<b>Confirmation</b>		
	Y   N	Y   N	Y   N	Y   N		
<b>Date of Sacrament</b>						
<b>Church</b>						
<b>City/State</b>						

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			_____	F   M	/   /   _____	
	<b>Baptism</b>	<b>Reconciliation</b>	<b>1st Communion</b>	<b>Confirmation</b>		
	Y   N	Y   N	Y   N	Y   N		
<b>Date of Sacrament</b>						
<b>Church</b>						
<b>City/State</b>						

**Consent for Use of Photographs**

I hereby authorize and give full consent to St. Michael the Archangel Parish staff and volunteers to photograph my child. I hereby authorize and give full consent to St. Michael the Archangel Parish and its organizations to publish and/or print my child’s photograph. This photograph may be used in posters, bulletin boards, newspapers, flyers, mailers, newsletters, video presentations, the parish web site and other materials used to promote our parish and its ministries. I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_