

St. Michael's 6th – 8th grade
CONFIRMATION registration form

Please complete the information and return your form to Matt Connolly, Youth Director at St. Michael's.

Student Name: _____

Birth Date: _____ Age: _____ School: _____

Baptism Date (if applicable): _____ Teen email: _____

Parent's Names: _____

Address: _____ City: _____ Zip: _____

Parent email: _____ Phone Number: _____

Second Address: _____ City: _____ Zip: _____

Additional email: _____ Second Phone Number: _____

For 6th graders: The friends I know best at St. Michael's are:

Information about my child, which might be helpful to their Shepherd: _____

Confirmands: What area would you like to serve at St. Michael's (Children's groups, Acolyting, tech, worship, etc)

Parents: How would you like to be involved in Confirmation ministry? (Providing treats, transportation, small group Shepherds etc). _____

Please fill out the Waiver and Release and Medical form. Please save registration, Wavier and Release and Medical form for easy of updating each year of confirmation. ALL forms can be emailed to Matt Connolly at mconnolly@slmcb.org. If you are able to, please attach your suggested contribution of \$50per year to this form.