

St Michael The Archangel Parish

Religious Education Registration

310 Pulaski St, Bridgeport, CT 06608

Family Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Mom/Dad Work/Cell: _____

Mother's Maiden: _____

Emergency Contact: _____

Custodial Parent, if different from above _____

Email: _____

Home Address: _____

Both Parents Catholic? Y____ N____

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

_____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

_____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child	Birthdate	Sex	Grade	Session	Room	Class
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Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

_____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____