



St. Michael Catholic Church

Faith Formation Office

317 West Willow Ave • Wheaton, IL 60187 • phone: 630.682.3650 • fax: 630.690.3324

INDIVIDUAL INFORMATION & ATTENDANCE

(This form only needs to be filled out for children *new* to the R.E. Program)

Date _____

Child's FULL Baptismal Name (First, Middle, Last)

Sex: **M** **F**

Date of Birth

Place of Birth (City & State)

Father's FULL Name (First, Middle, Last)

Religion

Mother's FULL Name (First, Middle, Maiden, Last)

Religion

WE MUST HAVE A COPY OF BAPTISMAL CERTIFICATE IN FAITH FORMATION FILES

<u>SACRAMENT</u>	<u>DATE</u>	<u>CHURCH</u>	<u>ADDRESS</u>
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Please note years of previous religious instruction along with name of parish, city, and state.

For Office Use Only

<u>GRADE</u>	<u>YEAR</u>	<u>ATTENDANCE</u>	<u>TEACHER</u>	<u>GRADE</u>	<u>YEAR</u>	<u>ATTENDANCE</u>	<u>TEACHER</u>
Pre 3				4 th			
Pre4				5 th			
Kind.				6 th			
1 st				7 th			
2 nd				8 th			
3 rd							