



# St. Michael Catholic Church

Faith Formation Office

317 West Willow Avenue • 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 Faith Formation Program)

Date \_\_\_\_\_

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

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