

Faith Formation Coordinator  
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ST. MICHAEL'S PARISH OFFICE  
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## St. Michael the Archangel Parish Faith Formation Registration Form

### Child Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First Middle Last

Grade in 2019-2020: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Please Identify Any Special Needs: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(if different)

### Basic Information

Father's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
First Middle Last

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
First Middle Last

Mother's Email: \_\_\_\_\_

### Sacraments Already Received by Child

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_ Location: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ Location: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_ Location: \_\_\_\_\_

### Sacramental Preparation Requested for Child (Check all that apply):

☐ Baptism ☐ Reconciliation ☐ 1<sup>st</sup> Communion ☐ Confirmation

### MEDICAL LIABILITY RELEASE

I, the undersigned parent/guardian of \_\_\_\_\_ do hereby release, forever discharge and agree to hold harmless St. Michael the Archangel Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the student participant while the student is involved in any trip or activity for which I have given him/her permission to attend.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **St. Michael the Archangel Parish**

### **Parent/Guardian Consent Form**

### **Safe Environment Program**

Consistent with diocesan policy, St. Michael the Archangel Parish will conduct Safe Environment Training as part of the Religious Education program. A meeting will be held before this class is conducted to provide parents an opportunity to review the safe environment materials.

\_\_\_\_\_ Yes, I give consent for my child to participate in the Safe Environment Training Program.

\_\_\_\_\_ No, I do not give consent for my child to participate in the Safe Environment Training Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian Name Printed: \_\_\_\_\_

Name of Child: \_\_\_\_\_