THE ROMAN CATHOLIC PARISH OF

Saint Michael

BEACON FALLS, CT 06403
203-729-2504

Confirmation Registration (Grades 8 & 9) 2026-27

Registration Fee: Parishioner: $75.00 Non -Parishioners $95.00
Please make checks payable to St. Michael Church

Registration due by September 13, 2026

PLEASE NOTE: STUDENTS MUST HAVE COMPLETED FAITH FORMATION GRADES 1-7 PRIOR TO ENTERING THE CONFIRMATION PROGRAM

Student Name: _____ Grade: _____

Parent Name: _____ Email: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____

We are currently registered parishioners of St. Michael Church, Beacon Falls: _____Yes_____ No
If not currently a registered parishioner, which parish are you a member of?: _____

Place of Students' Baptism: _____ St. Michael
_____ Other: Please Specify _____

PLEASE NOTE: IF YOUR CHILD WAS NOT BAPTIZED AT ST. MICHAEL CHURCH, A COPY OF HIS/HER BAPTISM CERTIFICATE MUST BE ATTACHED TO THIS FORM IN ORDER TO REGISTER.

Please provide an alternate contact in case of an emergency and we are unable to contact you:

Name: _____ Phone Number: _____

Please note any health issues you feel we should know about on the back of this form.

FOR OFFICE USE ONLY:

Date Received: _____ Total Payment: _____

Cash: _____ Check #: _____