Faith Formation Coordinator

Deacon Sándor Hernández Morales

Email: faithformationsm@rcchawaii.org

**Child Information** 

# ST. MICHAEL'S PARISH OFFICE (808) 326-7771

stmichaelarchangel@rcchawaii.org



# St. Michael the Archangel Parish Faith Formation Registration Form

Child's Name:			Birthdate:
First	Middle	Last	
Grade in 2024-2025:	Age:	Gender: 🗌 N	Male Female
Please Identify Any Special Ne	eds:		
Mailing Address:		City:	Zip Code:
Home Address:(if different)		City:	Zip Code:
Basic Information			
Father's Name:  First  Middle		Phone No:	
		Last	
Father's Email:			
Mother's Name:	 Middle	 Last	_ Phone No:
Mother's Email:			
Sacraments Already Received			
Baptism Date:	Church:	Loca	tion:
Reconciliation Date:	Church:	Locat	tion:
1st Communion Date:	Church:	Loca	tion:
Confirmation Date:	Church:	:h: Location:	
Sacramental Preparation Req	uested for Child (	Check all that apply):	
Baptism Rec	onciliation	1st Communion	Confirmation
MEDICAL LIABILITY RELEASE			
=	nd the directors there e and expenses, of an	of from any and all liability, cla y nature whatsoever which ma	orever discharge and agree to hold harmless ims or demands for personal injury, sickness y be incurred by the undersigned and the 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	o participate in the Safe Enviror	nment Training Program.
	No, I do not give consent for my	child to participate in the Safe	Environment Training Program
Parent/Guar	dian Signature:		Date:
Parent/Guar	dian Name Printed:		
Name of Chi	ld:		

# St. Michael the Archangel Parish

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

## **Acceptance of Responsibilities**

	I have been made aware that the Faith Formation handbook is available in the parish office. I agree to abide by all policies	
	I give my permission to gather in person or drive through to p Diocesan guidelines will be followed.	pick up materials. All CDC and
	I agree to the use of text, email, and phone contact, and if ne but not limited to, Zoom, Pflaum Publishing, Facebook, Instag GoToMeeting, and GroupMe.	•
	I agree to the publication of video and pictures taken of my cused for church purposes only.	hild at gatherings. These will be
Please initial	each statement above, and sign and date below:	
Parent/Guar	dian Signature:	Date:
Parent/Guard	dian Name Printed:	
Name of Chil	d:	