

**ST. MICHAEL'S PARISH, HUDSON, MA**  
RELIGIOUS EDUCATION PROGRAM

Date Received: _____
Amount Paid: _____
<input type="checkbox"/> Check #: _____ <input type="checkbox"/> Cash

**HCHS STUDENT REGISTRATION**

Student Name: \_\_\_\_\_  
(first) (mid) (last)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(number & street) (city) (zip)

Guardian Name (if different than parent): \_\_\_\_\_

Address mail to: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(first) (last)

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(first) (maiden) (last)

Parent's Email Address: \_\_\_\_\_  
(name) (email address)

School: Hudson Catholic High School School Grade: \_\_\_\_\_

Confirmation Course Level: II

**SACRAMENTS**

BAPTISM\* Church: \_\_\_\_\_ Date: \_\_\_\_\_

FIRST COMMUNION Church: \_\_\_\_\_ Date: \_\_\_\_\_

FIRST PENANCE Church: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT**

Mother's cell phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

If neither parent has a cell phone and no one can be reached at home, who should we contact in case of emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**SPECIAL NEEDS**

Does this student have special needs or medical conditions that we should be aware of?  no  yes

If "yes", please explain: \_\_\_\_\_

*\* If the student was baptized in a parish, other than St. Michael, we will need to have a copy of the baptismal certificate*

**CONFIRMATION SPONSOR**

Sponsor Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(number & street) (city/zip)

Sponsor's Parish: \_\_\_\_\_