

**St. Michael the Archangel Parish**  
**296 Church St., Belleville, Ont. K8N 3C6**  
**613-962-4634**

**Registration for Catechism Classes**

*Our family wishes to enroll our child \_\_\_\_\_  
in the Catechism class after the 930 am Mass on Sundays.*

*Signature of the Parent/Guardian: \_\_\_\_\_*

*Child's Name \_\_\_\_\_  
(last name) (first name)  
as shown on official documents*

*Child's Address \_\_\_\_\_ City \_\_\_\_\_*

*Postal Code \_\_\_\_\_ Candidate's Phone # \_\_\_\_\_*

*Date of Birth \_\_\_\_\_  
(month) (day) (year)*

*Parish \_\_\_\_\_ School \_\_\_\_\_*

*Mother of Candidate \_\_\_\_\_ Phone # \_\_\_\_\_  
(First Name) (Maiden Name)*

*Address \_\_\_\_\_ Postal Code \_\_\_\_\_*

*Father of Candidate \_\_\_\_\_ Phone # \_\_\_\_\_*

*Address \_\_\_\_\_ Postal Code \_\_\_\_\_*

**E-mail address: \_\_\_\_\_**