

# Baptism Prep Class Registration

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Contact Father Full Name: \_\_\_\_\_

Contact Mother Full Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

**Please complete both and Check box for Primary Contact:**

Father Cell Phone: \_\_\_\_\_

Mother Cell Phone: \_\_\_\_\_

Month Desired Baptismal Class: \_\_\_\_\_

Please download and complete this form and send it as an attachment to Kris Michels at  
[kmichels@saintmonicas.com](mailto:kmichels@saintmonicas.com)

We look forward to working with you. Any questions please call 678-584-9947 X110.

Thank you.