



Catholic Community of Manistee

CYC Jr. and Sr. High Registration

OLDEST STUDENT INFORMATION Additional children on back

PLEASE PRINT: First Name: _____

Last Name: _____ M/F _____

Phone: _____ Birthdate: _____

Address: _____ School: _____

_____ Grade: _____

EMERGENCY CONTACT PERSON (other than parent)

Name: _____ Phone: _____

SACRAMENTS RECEIVED

Baptism (Y/N) _____ Reconciliation? (Y/N) _____

Where? _____ Confirmation? (Y/N) _____

Year? _____ First Eucharist? (Y/N) _____

FAMILY INFORMATION

Student lives with (please check): Parents Mother/Step-father Father/Step-mother

Father

Mother

First name: _____

First name: _____

Last name: _____

Last name: _____

Religion: _____

Maiden name: _____

Work phone: _____

Religion: _____

Address (if different) _____

Work phone: _____

Step-mother

Step-father

First name: _____

First name: _____

Last name: _____

Last name: _____

Work phone: _____

Work phone: _____

Email: _____

ADDITIONAL CHILD INFORMATION
For those registering more than one child

<u>STUDENT INFORMATION</u>	
<i>PLEASE PRINT</i>	
First name: _____	Phone: _____
Last name: _____	Birthdate: _____
M/F: _____ School: _____	Grade: _____
<u>SACRAMENTS RECEIVED</u>	
Baptism (Y/N) _____	Reconciliation? (Y/N) _____
Where? _____	Confirmation? (Y/N) _____
Year? _____	First Eucharist? (Y/N) _____

<u>STUDENT INFORMATION</u>	
<i>PLEASE PRINT</i>	
First name: _____	Phone: _____
Last name: _____	Birth date: _____
M/F: _____ School: _____	Grade: _____
<u>SACRAMENTS RECEIVED</u>	
Baptism (Y/N) _____	Reconciliation (Y/N) _____
Where? _____	Confirmation? (Y/N) _____
Year? _____	First Eucharist? (Y/N) _____

Registered members of which parish: ___ Guardian Angels ___ St. Joseph ___ St. Mary

AUTHORIZATION FORM

As parent/guardian of _____, I understand that promotional pictures audio and/or video recording (individual and group) may be taken during events and activities offered through the Catholic Community of Manistee Faith Formation Program or the Diocese of Gaylord. I hereby give permission, without remuneration, for my child's name, picture, age, parish/school, city, verbal or written remarks and parent(s) names, to be used for news, educational and promotional materials (including, but not limited to, print, audio, video, broadcast, displays, web pages, calendars, PowerPoint, bulletins, etc.) for the Catholic Community of Manistee Faith Formation Program, as well as the Diocese of Gaylord. I also hereby agree to release and hold harmless the Catholic Community of Manistee Faith Formation Program, the Diocese of Gaylord, as well as any of their employees or representatives, including volunteers, from any and all claims resulting from the use of the above information regarding my child.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Parents may cancel this authorization at any time by providing written notice to:
Catholic Community of Manistee 254 Sixth Street, Manistee, MI 49660