


Catholic Community of Manistee
Faith Formation Program Registration
Preschool - Grade 5
Book fee: \$25.00 per child or \$50.00 per family

| |
|-------------|
| Amount Paid |
| \$ _____ |
| Date: _____ |
| _____ cash |
| _____ check |

OLDEST STUDENT INFORMATION Additional children on back or pg 2.

PLEASE PRINT CLEARLY

First Name: _____ Birthdate: _____

Last Name: _____ M/F: _____

Address: _____

Phone: _____ Cell: _____ School: _____ Grade: _____

EMERGENCY CONTACT PERSON (*other than parent*)

Name: _____ Phone: _____

SACRAMENTS RECEIVED *For Changes and New Registrations only

| | |
|---------------------|------------------------------|
| Baptism (Y/N) _____ | Reconciliation? (Y/N) _____ |
| Where? _____ | Confirmation? (Y/N) _____ |
| Year? _____ | First Eucharist? (Y/N) _____ |

FAMILY INFORMATION

**PARENT SIGNATURE REQUIRED ON BACK OF FORM*

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

Father

First name: _____

Last name: _____

Religion: _____

Work phone: _____

Address (if different) _____

Mother

First name: _____

Last name: _____

Maiden name: _____

Religion: _____

Work phone: _____

Step-mother

First name: _____

Last name: _____

Work phone: _____

Step-father

First name: _____

Last name: _____

Work phone: _____

Email (s): _____

- PLEASE NOTE IF THERE ARE ANY INFORMATION CHANGES FROM LAST YEAR
- No Changes Changes New Registration

ADDITIONAL CHILD INFORMATION
For those registering more than one child

| <u>STUDENT INFORMATION</u> | |
|--|------------------------------|
| <i>(PLEASE PRINT)</i> | |
| First name: _____ | M/F: _____ |
| Last name: _____ | Birthdate: _____ |
| School: _____ | Grade: _____ |
| <u>SACRAMENTS RECEIVED</u> <i>*For Changes and New Registrations only</i> | |
| 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: _____ | M/F: _____ |
| Last name: _____ | Birthdate: _____ |
| School: _____ | Grade: _____ |
| <u>SACRAMENTS RECEIVED</u> <i>*For Changes and New Registrations only</i> | |
| Baptism (Y/N) _____ | Reconciliation? (Y/N) _____ |
| Where? _____ | Confirmation? (Y/N) _____ |
| Year? _____ | First Eucharist? (Y/N) _____ |

Registered members of which church: ___ 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