

Sacramental Registration Information
(Please Print Clearly)

Child's Full Name: First _____ Middle _____

Last _____ M/F _____

Date of Birth: _____ **School:** _____ **Grade:** _____

Address: _____

_____ **Phone:** _____

Parents Full Names: Father: _____

Mother: _____

Maiden name: _____

Email address: *Please print clearly* _____

Church Affiliation: Guardian Angels _____ St. Joseph _____ St. Mary _____

Child's Church of Baptism: _____

City: _____ **State:** _____ **Date of Baptism:** _____

Godfather: _____ **Godmother:** _____

Has Child celebrated the Sacrament of: Y/N _____ **First Penance** _____ **Holy Communion** _____

Sibling care needed during family sessions: Y/N _____ *Please list children on back*

Do we have your permission to use photos of your child taken during parish activities for the bulletin and featured articles. Our bulletin is also published online at www.catholiccommunityofmanistee.com

Y _____ N _____ **Signature** _____

Sibling Care Registration

Name: _____ **Age** _____ **Grade** _____

Name: _____ **Age** _____ **Grade** _____

Name: _____ **Age** _____ **Grade** _____

Name: _____ **Age** _____ **Grade** _____