

ST. MICHAEL PARISH FAITH FORMATION REGISTRATION

Family Last Name _____ Home Phone _____ Today's Date ___/___/___

Father's Name _____ Cell Phone _____ Email _____

Mother's Name _____ Cell Phone _____ Email _____

Family's Address _____ City/Zip _____

Father's Work Phone _____ Mother's Work Phone _____

Alternate Emergency Contact _____ Relationship _____ Phone: _____

Please list any other family cell phones or email addresses used on the back of this form.

Please list info for ALL youth (Kindergarten through 12th grade) in your family (Please use full names).

First name Last D.O.B Grade School Sacrament Received (please circle)

1: _____ /___/___ _____ _____ Bap. Euch. Recon. Conf.

Note any allergies, special needs: _____

2: _____ /___/___ _____ _____ Bap. Euch. Recon. Conf.

Note any allergies, special needs: _____

3: _____ /___/___ _____ _____ Bap. Euch. Recon. Conf.

Note any allergies, special needs: _____

4: _____ /___/___ _____ _____ Bap. Euch. Recon. Conf.

Note any allergies, special needs: _____

We invite help from parents & family members. Please circle if you can help with any of the following:

Catechist Catechist Aide Coffee/Bagel Help Substitute Helper Other

Name(s) of those interested in helping _____

As Parent/Guardian, I give permission for any photograph, video, audio recording and/or likeness procured of my child(ren) _____ to be used by St. Michael Catholic Church in Marquette, Michigan. These images may be used for promotional purposes and reproduction in any type of media form including, but not limited to; parish publications, static displays, parish website, social media or diocesan publications. I understand and agree that the use of their photograph, video or audio recording, and/or likeness is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will object to the St. Michael Parish using this material.

Parent Signature & Date: _____ /___/___

(OVER)

Permission for others to pick up:

Please provide additional contact, different from the parent/guardian listed above, who would be contacted if above person is not available. Below contacts are authorized for release of child.

Alternative Contact's Name: _____ Relationship: _____

Phone: _____

If child is authorized to drive themselves, bike, walk, etc. (leave on their own) please check here: _____

Please include a **\$10 fee per child** to help defray the cost of catechetical materials. The maximum family fee is \$30. Make the checks out to St. Michael Parish. If there is any difficulty in paying the fee, simply submit your completed registration form with only the amount you can afford. **Please bring this completed registration form and fees to the parish office as soon as possible.**

Please list any other family cell phones or email addresses used on this form.

Name _____ Cell Phone (____) _____ Email _____

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Name _____ Cell Phone (____) _____ Email _____