



Divine Mercy Parish
**Faith Formation
Program Registration 2020/21**
Kindergarten - Grade 6th
Activity fee: \$25.00 per child or \$50.00 per family

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

FAMILY INFORMATION

**PARENT SIGNATURE REQUIRED ON BACK OF FORM*

Father

Mother

First name: _____

First name: _____

Last name: _____

Last name: _____

Religion: _____

Maiden name: _____

Address _____

Religion: _____

Address _____

Cell Phone: _____

Cell phone: _____

Parent/s Email: _____

Step-mother

Step-father

First name: _____

First name: _____

Last name: _____

Last name: _____

Cell phone: _____

Cell phone: _____

EMERGENCY CONTACT PERSON *(other than parent)*

Name: _____ Phone: _____

Child lives with (please check): Parents Mother Father

<u>STUDENT INFORMATION</u>	Additional children on back or pg 2.
<i>(PLEASE PRINT)</i>	
First name: _____	M/F: _____
Last name: _____	Birth date: _____
School: _____	Grade: _____
<u>SACRAMENTS RECEIVED</u>	
Baptism (Y/N) _____	Reconciliation? (Y/N) _____
Where? _____	Confirmation? (Y/N) _____
Year? _____	First Eucharist? (Y/N) _____

ADDITIONAL CHILD INFORMATION
For those registering more than one child

STUDENT 2 INFORMATION

(PLEASE PRINT)

First name: _____ M/F: _____

Last name: _____ Birth date: _____

School: _____ Grade: _____

SACRAMENTS RECEIVED

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

Where? _____ Confirmation? (Y/N) _____

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

STUDENT 3 INFORMATION

(PLEASE PRINT)

First name: _____ M/F: _____

Last name: _____ Birth date: _____

School: _____ Grade: _____

SACRAMENTS RECEIVED

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

Where? _____ Confirmation? (Y/N) _____

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

Is your family registered members of
Divine Mercy Parish? Yes _____ No _____

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 Divine Mercy Parish 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 Divine Mercy Parish Faith Formation Program, as well as the Diocese of Gaylord. I also hereby agree to release and hold harmless the Divine Mercy Parish 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:
Divine Mercy Parish 254 Sixth Street, Manistee, MI 49660**