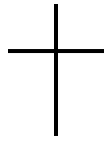


Please type your information on the form, print and sign.



*Divine Mercy Parish*  
**Family Formation  
Program Registration 2024/25  
Pre-K through Grade 6th  
Activity fee: \$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

**STUDENT INFORMATION**

Additional children on back or pg 2.

*(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) \_\_\_\_\_

**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**