



Divine Mercy Parish
**Family Formation
Program Registration 2025/26
Pre-K through Grade 6th
Activity fee: \$35 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