

**Please fill out one form per child**  
*Registration for Faith Formation 2019-20*  
**Resurrection of the Lord Catholic Parish**  
**Standish, Michigan**

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**PLEASE PRINT**

**CHILD'S FIRST NAME:** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SACRAMENTS NEEDED FOR ABOVE CHILD:**

- Baptism     First Eucharist (Communion)     Confirmation     First Reconciliation
- Did your child take part in our program or program of another Catholic parish last year? [ ] yes [ ] no
  - Are you currently registered and active members of Resurrection of the Lord Parish? [ ] yes [ ] no
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**FATHER'S NAME** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(If different than family address above) (Where you can be reached during RE)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ **\*MAIDEN\*** \_\_\_\_\_

(First and Last)  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
(If different than family address above) (Where you can be reached during RE)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
(Best email for communications regarding your child(ren)'s religious education. It is important that this is an active account.)

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**Emergency Contact(s)**

Name #1 \_\_\_\_\_ Phone \_\_\_\_\_

Name #2 \_\_\_\_\_ Phone \_\_\_\_\_  
(If we are unable to reach contact #1)

**Persons Authorized To Pick Up Child (Other than parent)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

(Continued on the back side)

Child with Disability  Yes  No

Medical Conditions:  Yes  No

If Yes, Explain in Detail

Allergies:  Yes  No

If Yes, What are they?

**Fees:**

In Parish - \$15 per child/maximum \$50 per family - Out of Parish - \$50 per child

*Note: No child of a Resurrection of the Lord Parish family will be refused religious formation or sacramental preparation due to an inability to pay tuition.*

FEE ENCLOSED      AMOUNT ENCLOSED \$ \_\_\_\_\_       I WILL PAY LATER

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**Media Release:** I hereby give permission for the personnel of Resurrection of the Lord Parish to photograph, videotape and/or voice tape my child (or allow area newspapers to do the same) for purposes of (circle items that you will allow:

Not at all

In-Parish Purposes ONLY

Public Information for Promotion of Resurrection's Religious Education Program

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**Medical Release:** I give Resurrection of the Lord Church, insured by the Diocese of Saginaw, permission to secure emergency medical and/or surgical treatment for the above named minor child.

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital preferred for emergency treatment \_\_\_\_\_

Does this child have health insurance?  Yes  No

(If yes) Health Insurance Name \_\_\_\_\_

(If yes) Health Insurance Policy Number \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**I am interested in:**

Catechist: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Must be graduated from High School)

Substituting / Co-Teaching: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Must be graduated from High School)

Assisting a Teacher: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(9<sup>th</sup> grade to adult)

Nano: New Rel Ed