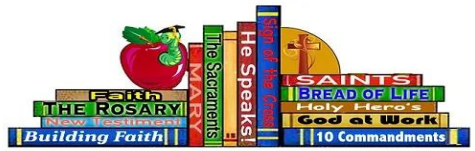


**Please fill out one form per child**  
**Registration for Faith Formation 2024-25**  
**Resurrection of the Lord Catholic Parish**  
**Standish, Michigan**



**PLEASE PRINT**

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

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

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

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

**HAS YOUR CHILD BEEN BAPTIZED?**  Yes  No

Baptized at \_\_\_\_\_ Date Baptized: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Name of Church) (Mo. / Day / Year)

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(City) (Mo. / Day / Year)

**Please Note: We need a copy of your child's baptismal certificate as soon as possible if they were NOT baptized at Resurrection of the Lord.**

**SACRAMENTS NEEDED FOR ABOVE CHILD:**

- 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

**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) (Needed for Sacramental recording purposes)

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.)

(Continued on the back side)

**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 \_\_\_\_\_

**Child with Disability:**  Yes  No **Medical Conditions:**  Yes  No

If Yes, Explain in Detail \_\_\_\_\_

**Allergies:**  Yes  No

If Yes, What are they? \_\_\_\_\_

\*\*\*\*\*

**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

\*\*\*\*\*

**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** \_\_\_\_\_

**Fees: Can be paid by cash or check / Payable to Resurrection of the Lord Parish**

**Mail to: P.O. Box 306 Standish, MI 48658**

In Parish - \$20 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