

Please fill out one form per child
Registration for Faith Formation 2025-26
Resurrection of the Lord Catholic Parish
Standish, Michigan



PLEASE PRINT

CHILD'S FIRST NAME: _____ **LAST NAME** _____

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) 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

Registered In Parish - \$25 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