

ST. MICHAEL  
Religious Education Registration Form

**Please Print**

*The information provided below is considered CONFIDENTIAL and is used only for communication purposes.*

**CHILD INFORMATION:**

Child Name: _____		
Last	First	Middle
Male: <input type="checkbox"/> Female: <input type="checkbox"/>		
Address: _____		City/Zip: _____
Date of Birth: _____		
Parent Email Address: _____		
Phone: _____		Texting OK <input type="checkbox"/> Y <input type="checkbox"/> N

**PARENT/GUARDIAN INFORMATION**

Mother's Maiden Name: _____		Mother's Full Name: _____	
Religion: <input type="checkbox"/> Catholic	<input type="checkbox"/> Other: _____	Marital Status: <input type="checkbox"/> Civil	<input type="checkbox"/> Church <input type="checkbox"/> Divorced
Father's Full Name: _____			
Religion: <input type="checkbox"/> Catholic	<input type="checkbox"/> Other _____	Marital Status: <input type="checkbox"/> Civil	<input type="checkbox"/> Church <input type="checkbox"/> Divorced
Candidate lives with: <input type="checkbox"/> Both Parents		<input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother

**FAMILY REQUIREMENTS** *(please check where appropriate)*

<input type="checkbox"/> Baptized	<input type="checkbox"/> Registered in Parish
<input type="checkbox"/> Family involved in parish organizations, ministries, and youth activities – Please list: _____	

**FAITH FORMATION EXPERIENCES**

<input type="checkbox"/> Attend Sunday Mass Regularly (at least 3x/mo)	<input type="checkbox"/> Have had a parish retreat experience
<input type="checkbox"/> Other Activities:	
<input type="checkbox"/> Baptism Church: _____	<input type="checkbox"/> Eucharist Church: _____

**THIS IS A TWO-SIDED FORM :: PLEASE COMPLETE ENTIRELY**

ST. MICHAEL  
Religious Education Registration Form

Along with this completed form:

- Course material fee:
    - \$20 St. Michael's Parishioner
    - \$40 (out of parish)  
*(Checks may be made out to St. Michaels/Religious Ed)*
- \*\*Note:** No child will be denied sacramental preparation due to finances. Please see Kris Beers with any questions.

**Office use:**

**Date Received:**

**Amount paid:**

**Ck #**

**Cash**

- I understand that I will be required to attend Strong Catholic Families, Strong Catholic Youth Parent session here at St. Michael's when it is offered in the Winter.
- I acknowledge and give permission to St. Michael's Parish to contact my child via email and/or social media for updates and information regarding Parish programming.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

ST. MICHAEL  
Religious Education Registration Form



DIOCESE OF GRAND RAPIDS

**MEDIA RELATIONS/PROMOTIONS RELEASE FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_

**RELEASE**

***IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.***

I/we give my/our permission to the Roman Catholic Diocese of Grand Rapids, Michigan, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to the Diocese, without compensation, for web, social media, publicity or similar promotions for the Diocese. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. *I/we agree that my/our signature(s) below releases any and all claims against the Roman Catholic Diocese of Grand Rapids, or its associated entities related to or arising out of the Diocese's use of the stated items as media relations/promotional material(s).*

Yes, I grant permission for release

No, I do not grant permission for release

Signature of Individual (if 18 or older): \_\_\_\_\_

Date: \_\_\_\_\_  
.....

Name of Parent/Legal Guardian (print): \_\_\_\_\_  
(if individual is under 18 years old)

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

If individual referenced above is under 18, please indicate your relationship to that person: \_\_\_\_\_

\*Once completed, please return this form to your parish/school administration office