

St. Mary Magdalen Faith Formation Student Grades 1-12 Registration 2024/2025

Parent/Guardian/Primary Contact

Full Name: _____
Address: _____
(Address for Faith Formation mailings.)
City: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____
Email: _____
Is this the primary email address you would like us to use: Yes No?
Relationship to child: _____
Is this the child's primary address: Yes No

Parent/Guardian /Secondary Contact

Full Name: _____
Address: _____
(If different than primary contact.)
City: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____
Email: _____
Is this the primary email address you would like us to use: Yes No?
Relationship to child: _____
Is this the child's primary address: Yes No

Emergency Contact: _____ Relationship: _____ Phone Number: _____

People with permission to pick up your child: _____

Student Information:

First Name: _____ Last Name: _____ Birth Date: / /
Gender: M F Grade: _____ School: _____ Interested in Children's Choir, (grades 1-5): Y N
Allergies/Special Needs/Instructions: _____

Circle Sacraments that have been received: Baptism Reconciliation Eucharist Confirmation

First Name: _____ Last Name: _____ Birth Date: / /
Gender: M F Grade: _____ School: _____ Interested in Children's Choir, (grades 1-5): Y N
Allergies/Special Needs/Instructions: _____

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Circle Sacraments that have been received: Baptism Reconciliation Eucharist Confirmation

(Please turn over to sign.)

For Office Use Only: Payment Received by: _____ \$: _____ Ck #: _____ CC: _____ Other: _____

Student Information Continued:

First Name: _____ Last Name: _____ Birth Date: / /
Gender: M F Grade: _____ School: _____ Interested in Children's Choir, (grades 1-5): Y N
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Circle Sacraments that have been received: Baptism Reconciliation Eucharist Confirmation

If you or any one you know is interested in becoming Catholic or learning more about the faith, please contact Michelle Mason at (616) 455-9310 ext. 112.

- I understand that we are participating in this program voluntarily and participate at our own risk.
- I have read and completed the Media-Promotions Release Form and will return it to the parish office with this registration form.
- I have read and completed the Permission for Electronic Communication with Middle and High School Minors Form and will return it to the parish office with this registration form.

Student's email address(es): _____

(Parent Signature)

(Date)

Cost per Student: Grades 1-12 is \$30.00 each with a maximum of \$90.00 per family. If financial assistances if needed, please contact Larry Cadorniga at (616) 455-9310 ext. 102.