

## St. Mary Magdalen Faith Formation Student Grades 1-12 Registration 2025/2026

### 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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(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  
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: \_\_\_\_\_

**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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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.