

**St. Mary on the Lake Parish Manitou Beach
Faith Formation Registration
2022-2023**

Family Name: _____ Home Phone: _____

Address: _____ City, State, Zip _____

Father's Info:

Name: _____

E-mail: _____

Cell Phone: _____

Mother's Info:

Name: _____

E-mail: _____

Cell Phone: _____

Are you a registered member of St. Mary on the Lake Manitou Beach? Yes No

Emergency Info if parent cannot be reached:

For our records and for any possible emergencies that may arise, we ask that you fill out and sign this form.

I understand that the Faith Formation program will take place on parish grounds and that my child(ren) will be under the supervision of authorized parish personnel and volunteers. In case of an emergency, I grant permission to transport my child to the closest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any treatment by the hospital or doctor.

Emergency Contact Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Insurance Company & Plan Number: _____

Parent Signature: _____ Date: _____

PHOTO RELEASE:

_____ Yes, I hereby grant St. Mary on the Lake Parish Manitou Beach the right and permission to use photographic pictures of my child. Photos may be used for marketing purposes, such as in the church, bulletin, displays, diocesan and/or parish websites and Facebook, FAITH Magazine, etc.

_____ No, I decline to have my child's photograph displayed; however, I do allow my child to be in unidentified group pictures with no names mentioned.

Parent Signature: _____ Date: _____

Please complete the individual child information on reverse side.

Please list all children being registered for Faith Formation:

Name: _____ Date of Birth: _____ Grade: _____

Sacraments Received:

_____ Baptism Date & Church: _____

_____ First Reconciliation Date & Church: _____

_____ First Communion Date & Church: _____

_____ Confirmation Date & Church: _____

Please note any allergies or specific conditions we need to be aware of: _____

Name: _____ Date of Birth: _____ Grade: _____

Sacraments Received:

_____ Baptism Date & Church: _____

_____ First Reconciliation Date & Church: _____

_____ First Communion Date & Church: _____

_____ Confirmation Date & Church: _____

Please note any allergies or specific conditions we need to be aware of: _____

Name: _____ Date of Birth: _____ Grade: _____

Sacraments Received:

_____ Baptism Date & Church: _____

_____ First Reconciliation Date & Church: _____

_____ First Communion Date & Church: _____

_____ Confirmation Date & Church: _____

Please note any allergies or specific conditions we need to be aware of: _____

For questions please contact the parish office at (517) 547-7496 or ssinkovitz@saintmarymanitoubeach.org