



Family Faith Formation 2018/19

(Religious Education Registration)

Return to: Family Faith Formation
St. Mary Cathedral
606 N. Ohio Ave
Gaylord, MI 49713

Contact: Jeff Crane 989-732-5448
or Ami Peterson 989-858-1444

FAMILY INFORMATION

Last Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Dad: _____ Cell Mom: _____
Dad's Name _____ Religion: _____ Work Phone: _____
Mom's Name _____ Religion: _____ Work Phone: _____
Mom's Maiden Name: _____ Family Email: _____
Emergency Contact: _____ Phone: _____

CHILD'S INFORMATION

First Name: _____ Last: _____
Birth Date: _____ Gender: _____
School: _____ Grade: _____
Special Needs: _____
Place of Religious Education from Last Year: _____
Church/City of Baptism: _____ Date: _____
1st Eucharist: _____ Date: _____
Confirmation: _____ Date: _____

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Please check all that apply:

- _____ 2 parents at home
- _____ Mother deceased
- _____ Father deceased
- _____ Divorced/Separated
- _____ Mom has remarried
- _____ Child(ren) with Mom
- _____ Dad has remarried
- _____ Child(ren) with Dad
- _____ Child(ren) with adult other than Parent

Name & Religion of Step-Parent

Name and Address if mail should also go to non-custodial Parent:

Parent's Signature

Date

For office use only:

Amt Due: \$20 per Family _____
Amt Paid: _____
Pymt Type: _____
Balance Due: _____

- _____ Recorded on Computer
- _____ Media Consent form Signed

Northern Lights Catholic Community

606 N Ohio Ave
Gaylord, MI 49735-1999

MEDIA CONSENT

Northern Lights Catholic Community Parishes and School, and the Diocese of Gaylord, engage in various communications regarding programs and activities of the parish, school and diocese through correspondence and publicity with families, parishioners, as well as media and members of the wider community. This may involve-but not be limited to-photos, video, audio, written materials, bulletin boards, newspapers, radio, television, power point and internet.

If you are willing to provide authorization for your child's name, image, quotations, age, parish/school and parent's names to be utilized for such publicity, please complete the form below.

AUTHORIZATION FORM

As parent/guardian of _____, I understand that promotional pictures, audio and/or video recording (individual and group) may be taken during events and activities offered through the Northern Lights Catholic Community Parishes and School or the Diocese of Gaylord during the 2018-2019 program year. I hereby give permission, without remuneration, for my child's name, image, quotations, age, parish/school, city and parent(s) names, to be used for news, educational and promotional materials (including-but not limited to-print, audio, video, broadcast, displays, web page, calendars, power point, bulletins, etc.) for Northern Lights Catholic Community Parishes and School, as well as the Diocese of Gaylord, I also hereby agree to release and hold harmless Northern Lights Catholic Community Parishes and School, the Diocese of Gaylord, as well as any of their employees or representatives, including volunteers, from any and all claims resulting from the use of the above information regarding my child.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Parents may cancel this authorization at any time by providing written notice to St. Mary Cathedral Parish, 606 N. Ohio Ave, Gaylord, MI 49735.