Sts James, Cornelius & Cyprian

GIFT Registration K-5 **TERM** 2026 - 2027 1010 S Lansing St, Mason MI 48854

FAMILY INFORMATION

Family Last Name: _____ **REGISTERED PARISH:** _____

Father's Name: _____ Father's Cell / Work: _____

Mother's Name: _____ Mother's Cell / Work: _____

Mother's Maiden: _____ Email Address: _____

Home Phone: _____ **Emergency Contact:** _____

Home Address: _____ Emergency Phone: _____

City, State, Postal: _____ Both Parents Catholic? Yes / No

STUDENT # 1 INFORMATION

Child Name: _____ Catholic? Yes / No

Gender: _____ M _____F **Sacrament Details** Check & Date All Below

Birthdate: _____ ___ Baptism: _____

Grade: _____ ___ Reconciliation: _____

Special Needs ___Eucharist: _____

(Medical, Learning Disabilities, Physical Disabilities, etc):

_____

STUDENT # 2 INFORMATION

Child Name: _____ Catholic? Yes / No

Gender: _____ M _____F **Sacrament Details** Check & Date All Below

Birthdate: _____ ___ Baptism: _____

Grade: _____ ___ Reconciliation: _____

Special Needs ___ Eucharist: _____

(Medical, Learning Disabilities, Physical Disabilities, etc):

_____

I give permission for my child's photo/name to be printed in the parish bulletin or website

Sign and date here: _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record you will need to supply a copy for our files.

OFFICE USE ONLY **Tuition Due $_____** **Tuition Paid $ _____** **Signature: _____**

(Continued)

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STUDENT # 3 INFORMATION

Child Name: _____ Catholic? Yes / No

Gender: _____ M _____F **Sacrament Details** Check & Date All Below

Birthdate: _____ ___ Baptism: _____

Grade: _____ ___ Reconciliation: _____

Special Needs ___Eucharist: _____

(Medical, Learning Disabilities, Physical Disabilities, etc):

_____

STUDENT # 4 INFORMATION

Child Name: _____ Catholic? Yes / No

Gender: _____ M _____F **Sacrament Details** Check & Date All Below

Birthdate: _____ ___ Baptism: _____

Grade: _____ ___ Reconciliation: _____

Special Needs ___Eucharist: _____

(Medical, Learning Disabilities, Physical Disabilities, etc):

_____

STUDENT # 5 INFORMATION

Child Name: _____ Catholic? Yes / No

Gender: _____ M _____F **Sacrament Details** Check & Date All Below

Birthdate: _____ ___ Baptism: _____

Grade: _____ ___ Reconciliation: _____

Special Needs ___Eucharist: _____

(Medical, Learning Disabilities, Physical Disabilities, etc):

_____

OFFICE US ONLY **Tuition Due $_____** **Tuition Paid $ _____** **Signature: _____**