St. Mary Catholic Parish

Faith Formation/Religious Education Registration

14200 E. Old U.S. HWY 12, Chelsea, MI 48118 (734) 475-7561
beckykeiserdre@stmarychelsea.org

Family Last Name: _____Mother's Maiden _____

Parent's Names:_____

Both Parents Catholic? Yes No (If no, please specify_____)
Are Children Baptized Catholic? Yes No (If no, please specify_____)

Address: _____

Best Phone #: _____

Mom Cell #: _____ Dad Cell #: _____

Email(s) *(please print):* _____

_____
(How Often Do You Check This Email? _____)

Custodial Parent Name & # *(If different than above)* _____

*Mailing to the custodial parent above? Please provide address*_____
_____

****
****

Parent/Guardian Statement of Understanding

I understand the requirements of the session I have signed my family up for. As well as, if my child is home schooling or attending Catholic School and will be preparing for Sacraments they are required to attend Sacramental preparation sessions.

Signature _____ *Date* _____

Two Emergency Contact Names when parents cannot be reached (PLEASE PRINT)

Name _____Phone # _____

Name _____ Phone # _____

****
****

PARENT VOLUNTEER SURVEY: Are you interested in VOLUNTEERING?

In a classroom? As a Catechist_____ As a Helper_____
In the office? Family Program_____ Sunday Program_____
Snack Patrol_____ Playground Patrol_____
Are you interested in helping in the Religious Education Office throughout the year?_____
Currently we have several large summer projects in need of hands and talents mostly related to VBS.
Decoration and Set Builds for VBS _____
Preparation & organizational needs for special projects_____
Please indicate your availability_____

Child Name: First____________________**Middle**____________ **Last**___________________

DOB:____________ Age: ______Sex:_____ Grade in Fall _______

Session for this year: ○ Primary (Grd.PK-1) ○ Elementary (Grd.2-5) ○ Md. School (Grd. 6-8)

○ Homeschool ○ Youth Group (Grd. 9-12)

Sacraments this year: ○ **Reconciliation/Eucharist (2nd+)** ○ **Confirmation (Grd. 8+)**

SACRAMENTS RECEIVED DATE CHURCH NAME CITY/STATE

Baptism: Yes / No____

Eucharist: Yes / No ____

Reconciliation: Yes / No____

Confirmation: Yes / No____

Allergies, Special Considerations(Medical, Social, Family, etc.)

____

Child Name: First____________________**Middle**____________ **Last**____________________

DOB:____________ Age: ______Sex:_____ Grade in Fall _______

Session for this year: ○ Primary (Grd.PK-1) ○ Elementary (Grd.2-5) ○ Md. School (Grd. 6-8)

○ Homeschool ○ Youth Group (Grd. 9-12)

Sacraments this year: ○ **Reconciliation/Eucharist (2nd+)** ○ **Confirmation (Grd. 8+)**

SACRAMENTS RECEIVED DATE CHURCH NAME CITY/STATE

Baptism: Yes / No____

Eucharist: Yes / No ____

Reconciliation: Yes / No____

Confirmation: Yes / No____

Allergies, Special Considerations(Medical, Social, Family, etc.)

____

Child Name: First____________________**Middle**____________ **Last**____________________

DOB:____________ Age: ______Sex:_____ Grade in Fall _______

Session for this year: ○ Primary (Grd.PK-1) ○ Elementary (Grd.2-5) ○ Md. School (Grd. 6-8)

○ Homeschool ○ Youth Group (Grd. 9-12)

Sacraments this year: ○ **Reconciliation/Eucharist (2nd+)** ○ **Confirmation (Grd. 8+)**

SACRAMENTS RECEIVED DATE CHURCH NAME CITY/STATE

Baptism: Yes / No____

Eucharist: Yes / No ____

Reconciliation: Yes / No____

Confirmation: Yes / No____

Allergies, Special Considerations(Medical, Social, Family, etc.)

____

Child Name: First____________________**Middle**____________ **Last**____________________

DOB:____________ Age: ______Sex:_____ Grade in Fall _______

Session for this year: ○ Primary (Grd.PK-1) ○ Elementary (Grd.2-5) ○ Md. School (Grd. 6-8)

○ Homeschool ○ Youth Group (Grd. 9-12)

Sacraments this year: ○ **Reconciliation/Eucharist (2nd+)** ○ **Confirmation (Grd. 8+)**

SACRAMENTS RECEIVED DATE CHURCH NAME CITY/STATE

Baptism: Yes / No____

Eucharist: Yes / No ____

Reconciliation: Yes / No____

Confirmation: Yes / No____

Allergies, Special Considerations(Medical, Social, Family, etc.)

____