

Cross in the Woods Catholic Shrine of Indian River

7078 M-68, Indian River, MI 49749 – Faith Formation Office: 231-238-8973 Ex. 312, mcruz@crossinthewoods.com

FAITH FORMATION REGISTRATION FORM- School Year: _____

Date of Registration: _____

FAMILY INFORMATION

Relationship to Children: _____ Our family are registered parishioners of _____

Father's Name _____
(First) (Last) (Religion) (Marital Status)

Mother's Name _____
(First) (Last) (Religion) (Marital Status)

Home Address _____
(Street Address – P.O. Box) (City) (Zip Code)

Home Phone: _____ Cell Phone: _____
(Father) (Mother)

Email: _____ Emergency Contact: _____ Phone _____
(Father) (Mother)

Please include different household address for either parent:

Mother: _____

Father: _____

Children live with: _____

Person authorized to take the child from class before dismissal time: _____

TUITION FEE: There is NO tuition fee for any of the Faith Formation Programs. **Completed forms need to be submitted by August 30** to the Parish Office in order for us to meet materials deadline.

FAITH FORMATION OFFICE COMMENTS: _____

STUDENT'S NAME: _____
(First) (Middle) (Last)

Birthdate: _____ Grade _____ School _____ Sex _____
(Month/Day/Year) (In Sept. _____)

| | | | | | |
|----------------------|------------------|------------------|-----------------------|-------------------|---------------------|
| Sacraments Received: | BAPTISM | CATHOLIC | RECONCILIATION | EUCCHARIST | CONFIRMATION |
| | ____ Yes ____ No | ____ Yes ____ No | ____ Yes ____ No | ____ Yes ____ No | ____ Yes ____ No |
| Date | _____ | _____ | Date _____ | Date _____ | Date _____ |

Have children attended Faith Formation/Catechesis classes before? Where? _____

Indicate the program for enrollment: _____ Catechesis of the Good Shepherd (Preschool) ____ Faith Formation (K-5 Grades)
____ Sacrament Prep. ____ Middle School Youth Ministry (6-8 Grades) __ High School Youth Ministry (9-12 Grades) ____ RCIA

Special needs: medical (allergies), learning disabilities, physical disabilities: _____

STUDENT'S NAME: _____
(First) (Middle) (Last)

Birthdate: _____ Grade _____ School _____ Sex _____
(Month/Day/Year) (In Sept. _____)

Sacraments Received: **BAPTISM** **CATHOLIC** **RECONCILIATION** **EUCCHARIST** **CONFIRMATION**
_____ Yes _____ No _____ Yes _____ No _____ Yes _____ No _____ Yes _____ No
Date _____ Date _____ Date _____ Date _____

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STUDENT'S NAME: _____
(First) (Middle) (Last)

Birthdate: _____ Grade _____ School _____ Sex _____
(Month/Day/Year) (In Sept. _____)

Sacraments Received: **BAPTISM** **CATHOLIC** **RECONCILIATION** **EUCCHARIST** **CONFIRMATION**
_____ Yes _____ No _____ Yes _____ No _____ Yes _____ No _____ Yes _____ No
Date _____ Date _____ Date _____ Date _____

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Special needs: medical (allergies), learning disabilities, physical disabilities: _____

STUDENT'S NAME: _____
(First) (Middle) (Last)

Birthdate: _____ Grade _____ School _____ Sex _____
(Month/Day/Year) (In Sept. _____)

Sacraments Received: **BAPTISM** **CATHOLIC** **RECONCILIATION** **EUCCHARIST** **CONFIRMATION**
----- Yes ----- No ----- Yes ----- No ----- Yes ----- No ----- Yes ----- No
Date _____ Date _____ Date _____ Date _____

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_____ Sacrament Prep. _____ Middle School Youth Ministry (6-8 Grades) _____ High School Youth Ministry (9-12 Grades) _____ RCIA

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