STUDENT INFORMATON & PERMISSION FORM FOR FAITH FORMATION

St. Cyril Catholic Church, 517 E. Main St., PO Box 96, Bannister, MI 48807

Dear Parent or Legal Guardian:

We are grateful that your child/children will be participating in our Faith Formation Program. Please complete the following information for each child and sign this form. Tuition fee is: \$25 per student or \$40 per family for Registered St. Cyril Parishioner. Checks can be made payable to St. Cyril Faith Formation. It is our policy that a student has to have attended two years of Faith Formation before receiving the Sacraments. If your child was baptized in another parish, we need a copy of their baptism.

STUDENT INFORMATION

First Student's Name:				male_	female	
Student's Birth date:	Grade entering	Fall of	2016			
Student's School:		S	acraments t	hey have recei	ived and where	
Baptism	Reconciliation		Eucha	rist	Confirmation	
Second Student's Name:				male_	female	
Student's Birth date:	Grade entering	Fall 20	016			
Student's School:		Sac	raments the	y have receive	ed and where	
Baptism	Reconciliation		Eucharis	t	Confirmation	
Third Student's Name:				male	female	
Student's Birth date:	Grade entering Fall 2016					
Student's School:	Sacraments they have received and where					
Baptism	Reconciliation	Eucharist			Confirmation	
Additional children's information can be put on back						
Mother's Name:		_cell_		_email		
Father's Names:		_cell		_email		
Home address:		_City_		Zip		
Emergency Contact if parent cannot be reached:					Phone	
Allergies or medical conditions we need to be aware of						