- Religious Education Registration

1000 Michigan Ave , Marysville, MI 48040 **Term:** 2025 - 2026

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Father: _____ Father's Email: _____

Mother: _____ Mother's Email: _____

Mother's Maiden: _____ **Emergency Contact:** _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____

City, St, Postal: _____

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

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

STUDENT INFORMATION

Student Name: _____ **Catholic?** ☐ Yes / No ☐

Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below

Birth Date: _____ ☐ Baptism: _____

Grade: _____ ☐ Eucharist: _____

Session: Sundays 10 - 11:15 am ☐ Reconciliation: _____

Class: _____ ☐ Confirmation: _____

Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

_____

STUDENT INFORMATION

Student Name: _____ **Catholic?** ☐ Yes / No ☐

Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below

Birth Date: _____ ☐ Baptism: _____

Grade: _____ ☐ Eucharist: _____

Session: Sundays 10 - 11:15 am ☐ Reconciliation: _____

Class: _____ ☐ Confirmation: _____

Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

_____

ST. CHRISTOPHER CHURCH

RELIGIOUS EDUCATION

1000 Michigan Avenue Marysville, MI 48040

Main Office: 364-4100

Greg Crachiolo, Coordinator of Religious Education: gcrachiolo@stchrismi.org

If information needs to be mailed to a non-custodial parent or guardian,

Please give name/address. _____

_____

I am willing to coordinate monthly family activity_____,

be a catechist _____, teacher's aide _____

substitute catechist _____, office aide _____

* I have filled out the information on the ***reverse side***.
* I have indicated any health problems or allergies for each child.
* I understand that RE is only a small part of Faith Formation and that it is very important and necessary that I bring my child to Mass regularly.
* I give permission for a St. Christopher staff/catechist/volunteer to take photos of my child for the reasons I have indicated below:

- ✕ To share with the student's parent.
- ✕ To post on St. Christopher's website.
- ✕ To use in St. Christopher's Sunday paper.
- ✕ To frame and hang throughout St. Christopher's school/ church.

Parent Signature: _____

FOR OFFICE USE ONLY

Registration Fees: $100.00 per family.

2 Children: $130.00

3 Children: $160.00

4 Children $190.00

Total Due: $_____ Check_____ Cash_____