

Today's Date: _____ Parish Envelope # _____ Monday OR Wednesday (circle one)

St. Timothy's Religious Formation Registration 2017-18

Father/Guardian: _____ Mother/Guardian: _____
(Last Name) (First Name) (Last Name) (First Name)

Address: _____
(Street) (Apt #) (City) (Zip)

Best phone number to reach you: _____ Emergency Contact: _____

Your Email Address: _____
(Email is one of the many ways we communicate. Please provide us with the one you use most often.)

Are there any allergies or medical conditions? _____

Student #1

_____ Male/Female
(Last Name) (First Name) (Middle Name)

(Grade Fall 2017) (Birth date) Baptized? Yes / No Place of Baptism: _____
Received First Communion? Yes / No Prepared for First Reconciliation? Yes / No

Student #2

_____ Male/Female
(Last Name) (First Name) (Middle Name)

(Grade Fall 2017) (Birth date) Baptized? Yes / No Place of Baptism: _____
Received First Communion? Yes / No Prepared for First Reconciliation? Yes / No

Student #3

_____ Male/Female
(Last Name) (First Name) (Middle Name)

(Grade Fall 2017) (Birth date) Baptized? Yes / No Place of Baptism: _____
Received First Communion? Yes / No Prepared for First Reconciliation? Yes / No

Student #4

_____ Male/Female
(Last Name) (First Name) (Middle Name)

Baptized? Yes / No Place of Baptism: _____

(Grade Fall 2017) (Birth date)

Received First Communion? Yes / No

Prepared for First Reconciliation? Yes / No



Media Consent 2017-18

St. Timothy Religious Education Program engages in various correspondence and publicity with families, parishioners and other members of the community regarding various aspects of this program. An example of this is posting pictures of the First Communicants in the vestibule of the church for the parishioners to become familiar with and pray for them as they prepare to receive this Sacrament. Names are never displayed with any pictures.

If you wish to provide authorization, please sign/date below and provide it to the parish Director of Religious Education.

If you wish to opt out, please cross out this page and write, “opt out”.

(Parents may cancel this Authorization at any time by providing written notice to the Parish at 2901 Manning, Trenton, MI 48183)

Photography Utilization

I give permission for my child to be photographed for educational and community relation’s not-for-profit use such as St. Timothy Parish bulletin articles.

Signature of Parent or Guardian:

_____ Date: _____