

# St. Peter Cathedral Faith Formation Registration, 2017-18

Please print form and mail with check payable to St. Peter Cathedral at 311 W. Baraga Ave., Marquette, MI 49855. You may also drop it at the office or in the collection basket.

**Registration fees for the 2017-18 school year are as follows:**

*\$45 for one student for the year*

*\$20 for each additional student in the family*

If this fee presents a burden to your family, please contact the faith formation office.

Call Jenny Lochner at 226-6548 x211 with any questions  
or email *lochnereducation@gmail.com*

Father's name \_\_\_\_\_ home phone \_\_\_\_\_ cell / work # \_\_\_\_\_

Mother's name \_\_\_\_\_ home phone \_\_\_\_\_ cell / work # \_\_\_\_\_

Other phone number(s) \_\_\_\_\_

Address \_\_\_\_\_

Can you be called at work? Yes \_\_\_\_\_ No \_\_\_\_\_

May we use your student's photo in publications or on the parish website? Yes \_\_\_\_\_ No \_\_\_\_\_

Please sign the Photo Release Form attached. This form will be valid for the duration of the academic year unless written notification of change is given.

E-mail address \_\_\_\_\_

(Please provide an email if possible, as we send much information via email and it makes communication easier.)

Emergency contact name and phone number \_\_\_\_\_

Please list any information about your student that will help the catechists better serve them.

\_\_\_\_\_  
\_\_\_\_\_

Gr 1-8: Could your student have access to a computer for online class work? \_\_\_\_\_

Please list any medical conditions that we should be aware of, including food allergies

\_\_\_\_\_  
\_\_\_\_\_

Student's Name:	
Date of Birth:	
School student attends: (note also if homeschooled)	Grade: (PK, K,...)
Student will attend: <input type="checkbox"/> <b>Little Church (ages 4-6)(no fee)</b> <input type="checkbox"/> <b>Elementary Rel. Ed.(1-5)</b> <input type="checkbox"/> <b>Middle School Rel. Ed.(6-8)</b> <input type="checkbox"/> <b>High School (9-12)</b>	
Year & Parish of Baptism:	
Year & Parish of Eucharist:	
Year & Parish of Confirmation:	

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Date of Birth:	
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Year & Parish of Baptism:	
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Year & Parish of Baptism:	
Year & Parish of Eucharist:	
Year & Parish of Confirmation:	

**PHOTO RECORDING RELEASE**  
**DIOCESE OF MARQUETTE**  
2015-16 FAITH FORMATION

**Adult**

I give permission for any photograph, video, audio recording and/or likeness procured of myself to be used by the Diocese of Marquette or St. Peter Cathedral. These may be used for promotional purposes including: diocesan or parish websites, The U.P. Catholic newspaper, and other materials produced by the diocese or St. Peter Cathedral. I understand and agree that the use of my photograph, video or audio recording, and/or likeness is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will object to the Diocese of Marquette or St. Peter Cathedral using this material.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/Guardian**

I give permission for any photograph, video, audio recording and/or likeness procured of my child(ren) to be used by the Diocese of Marquette or St. Peter Cathedral. These may be used for promotional purposes including: diocesan and parish websites, The U.P. Catholic newspaper, and other materials produced by the diocese or St. Peter Cathedral. I understand and agree that the use of their photograph, video or audio recording, and/or likeness is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will object to the Diocese of Marquette or St. Peter Cathedral using this material.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date