## Sts. James, Cornelius & Cyprian

**GIFT** Registration K-5

1010 S Lansing St, Mason, MI 48854

**Term**: 2023-24

ther's Maiden: Email Address: Home Phone: Emergency Contact: Home Address: Emergency Phone: Dity, ST Postal: Both Parents Catholic? Yes / No NT #1 INFORMATION	Father's Name:  Iother's Name:  Mother's Cell / Work:  Email Address:  Home Phone:  Home Address:  Emergency Contact:  Emergency Phone:  City, ST Postal:  Both Parents Catholic? Yes / No
ther's Maiden:  Home Phone:  Emergency Contact:  Home Address:  Emergency Phone:  City, ST Postal:  Both Parents Catholic? Yes / No	Mother's Maiden: Email Address: Emergency Contact:  Home Phone: Emergency Contact: Emergency Phone: Emergency Phone: Both Parents Catholic? Yes / No
ther's Maiden: Email Address: Emergency Contact: Home Address: Emergency Phone: Emergency Phone:	Mother's Maiden: Email Address:  Home Phone: Emergency Contact: Home Address: Emergency Phone:
Home Phone: Emergency Contact: Home Address: Emergency Phone: City, ST Postal: Both Parents Catholic? Yes / No ENT #1 INFORMATION	Home Phone: Emergency Contact:  Home Address: Emergency Phone:  City, ST Postal: Both Parents Catholic? Yes / No
City, ST Postal: Both Parents Catholic? Yes / No ENT #1 INFORMATION	City, ST Postal: Both Parents Catholic? Yes / No
ENT #1 INFORMATION	
	DENT #1 INFORMATION
Child Name: Catholic? Yes / No	
	Child Name: Catholic? Yes / No
Birth Date: Baptism:	Birth Date:Baptism:
	Session: Reconciliation Prep:
Session:Reconciliation Prep:	
Session: Reconciliation Prep: Class: Confirmation:	Class:Confirmation:Confirmation:  Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):
Session: Reconciliation Prep: Class: Confirmation: Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  ENT #2 INFORMATION	Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  DENT #2 INFORMATION
Session: Reconciliation Prep: Class: Confirmation: Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  ENT #2 INFORMATION  Child Name: Catholic? Yes / No	Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  DENT #2 INFORMATION  Child Name: Catholic? Yes / No
Session: Reconciliation Prep: Class: Confirmation:  Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  ENT #2 INFORMATION  Child Name: Catholic? Yes / No  Gender: Male Female Sacrament Details Check & Date All Below	Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  DENT #2 INFORMATION  Child Name: Catholic? Yes / No  Gender:MaleFemale Sacrament Details. Check & Date All Below
Session:	Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  DENT #2 INFORMATION  Child Name:  Gender: Male Female Sacrament Details Check & Date All Below Birth Date: Baptism:
Session: Reconciliation Prep: Class: Confirmation: Confirm	Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  DENT #2 INFORMATION  Child Name: Catholic? Yes / No  Gender:MaleFemale Sacrament Details Check & Date All Below  Birth Date: Baptism:  Grade: Eucharist:
Session: Reconciliation Prep: Class: Confirmation: Confirm	Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  DENT #2 INFORMATION  Child Name: Catholic? Yes / No  Gender:MaleFemale Sacrament Details Check & Date All Below  Birth Date: Baptism:  Grade: Eucharist:  Session: Reconciliation Prep:
	Birth Date: Baptism: Burcharist:
Gender: Male Female Sacrament Details Check & Date All Below	Gender: Male Female Sacrament Details Check & Date All Below
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Gender: Male Female Sacrament Details Check & Date All Below	
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Page 2

Chilu Name:		Catholic?	Yes / No
Gender:	Male Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Grade:		Eucharist:	
Session:		Reconciliation Prep:	
Class:		Confirmation:	
Special Needs	(Medical, Learning Disabilities,	Physical Disabilities, etc):	
ENT #4 INFOR	RMATION		
Child Name:		Catholic?	Yes / No
Gender:	Male Female	Sacrament Details	Check & Date All Below
Dinth Data		Baptism:	
Birth Date:		_	
		[   Fuchariet	
Grade:		Eucharist:	
Grade: Session: Class:		Eucharist: Reconciliation Prep: Confirmation:	
Grade: Session: Class:	(Medical, Learning Disabilities,	Eucharist: Reconciliation Prep: Confirmation:	
Grade: Session: Class: Special Needs PENT #5 INFOR	(Medical, Learning Disabilities,	Eucharist:  Reconciliation Prep: Confirmation: Physical Disabilities, etc):	
Grade: Session: Class: Special Needs  PENT #5 INFOR	(Medical, Learning Disabilities,	Eucharist:  Reconciliation Prep: Confirmation: Physical Disabilities, etc):	
Grade: Session: Class: Special Needs  PENT #5 INFOR Child Name: Gender:	(Medical, Learning Disabilities,	Eucharist:  Reconciliation Prep: Confirmation: Physical Disabilities, etc):  Catholic? Sacrament Details	Yes / No
Grade: Session: Class: Special Needs  PENT #5 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities,  RMATION  Male Female	Eucharist:  Reconciliation Prep: Confirmation: Physical Disabilities, etc):  Catholic? Sacrament Details Baptism:	Yes / No
Grade: Session: Class: Special Needs  PENT #5 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities,  RMATION  Male Female	Eucharist:  Reconciliation Prep: Confirmation: Physical Disabilities, etc):  Catholic? Sacrament Details Baptism: Eucharist:	Yes / No Check & Date All Below
Grade: Session: Class: Special Needs  PENT #5 INFOR Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities,  RMATION  Male Female	Eucharist:  Reconciliation Prep: Confirmation: Physical Disabilities, etc):  Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep:	Yes / No Check & Date All Below

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