

# Sts. James, Cornelius & Cyprian

GIFT Registration K-5

1010 S Lansing St, Mason, MI 48854

**Term: 2023-24**

## FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell / Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell / Work: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

City, ST Postal: \_\_\_\_\_ Both Parents Catholic? Yes / No

## STUDENT #1 INFORMATION

**Child 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):

\_\_\_\_\_

## STUDENT #2 INFORMATION

**Child 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):

\_\_\_\_\_

I give permission for my child's photo/name to be printed in the parish bulletin or website.  
Sign and date here \_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

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## STUDENT #3 INFORMATION

Child 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):  
\_\_\_\_\_

## STUDENT #4 INFORMATION

Child 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):  
\_\_\_\_\_

## STUDENT #5 INFORMATION

Child 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):  
\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ \_\_\_\_\_ Tuition PAID: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

