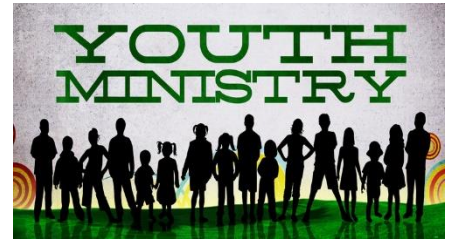


St. Gabriel Parish Youth Ministry Registration



_____/_____
Student's First Name Student's Last Name

_____/_____/_____/_____
Father's First Name Father's Last Name Mother's First Name Mother's Last Name

If applicable: ____/____/____/_____
Stepfather's First Name Stepfather's Last Name Stepmother's First Name Stepmother's Last Name

Child/Children live with ___ Both Parents ___ Father ___ Mother ___ Other (Please specify) _____

Home Address: _____ City _____ Zip _____

Phone: Home _____ Cell: _____ Cell: _____

E-mail: _____

Emergency Contact
 (Other than parent): ____/____/_____
First & Last Name Phone Relationship to Child

Is your family a registered member here at St. Gabriel Parish? _____ If no, where? _____

List children you wish to register and check the Sacraments received:

Name	Grade	School Attending	Birthdate	Baptism	Confirmation	Eucharist	Reconciliation

Explain any health problems we may need to be concerned about:

PLEASE FILL OUT Medical & Media Forms are ON OTHER SIDE. Please review and sign. Registration fees are: 1 child-\$25; 2 children-\$50; 3 or more-\$75 (parishioner pricing only). Registration forms are due to the Parish Office by September 20th. Questions? Please call Parish Office at 989-662-6861. Thank you!