All Saints Catholic Community

St. Ann- St. Stephen

2026-2027 Registration for:

***Family Faith Formation**
***At-Home Formation**
(Family Formation Packets or Word of Life)
***Sacramental Peparation**
***Youth Group**

Family Information

Last Name _____ ***Home Parish*** _____

Street Address _____

City/Zip Code _____

Contact Information Parent 1

First Name _____ ***Last Name*** _____

Cell Phone _____ ***Alt. Phone*** _____

Email _____

Contact Information Parent 2

First Name _____ ***Last Name*** _____

Cell Phone _____ ***Alt. Phone*** _____

Email _____

Child 1

First Name _____ ***Last Name*** _____

Grade _____ ***Birth date*** _____

Sacraments Received: ***Reconciliation Confirmation First Eucharist***

Faith Formation Choice: ***St. Ann School Word of Life Family Formation Packet Youth Group (6h-8th) Youth Group (9th-12th)***

****Note: All enrolled families receive monthly invites to Family Faith Formation Nights.***

Additional paperwork is needed for Sacramental Prep students, please contact Jen Geiger if you have a child or teen who needs to prepare for sacraments.

Child 2

First Name _____ *Last Name* _____

Grade *Birth date*

Sacraments Received: *Reconciliation* *Confirmation* *First Eucharist*

Faith Formation Choice: *St. Ann School* *Word of Life* *Family Formation Packets* *Youth Group (6th-8th)* *Youth Group (9th-12th)*

Child 3

First Name _____ *Last Name* _____

Grade _____ *Birth date* _____

Sacraments Received: *Reconciliation* *Confirmation* *First Eucharist*

Faith Formation Choice: *St. Ann School* *Word of Life* *Family Formation Packets* *Youth Group (6th-8th)* *Youth Group (9th-12th)*

Child 4

First Name _____ *Last Name* _____

Grade _____ *Birth date* _____

Sacraments Received: *Reconciliation* *Confirmation* *First Eucharist*

Faith Formation Choice: *St. Ann School* *Word of Life* *Family Formation Packets* *Youth Group (6th-8th)* *Youth Group (9th-12th)*

Child 5

First Name _____ *Last Name* _____

Grade _____ *Birth date* _____

Sacraments Received: *Reconciliation* *Confirmation* *First Eucharist*

Faith Formation Choice: *St. Ann School* *Word of Life* *Family Formation Packets* *Youth Group (6th-8th)* *Youth Group (9th-12th)*

Flocknote Communication Permission

We use a messaging service called Flocknote to contact families about our programs via email & text.

List Parents Names to be texted/emailed _____

If you have High School or Middle School teens, may they receive the same texts/emails that you receive?

☐ **texts to student's cell phone/s #**_____
☐ **Emails to student's address/es** _____

Parent's Signature _____ **Date:** _____
Parent's Printed Name _____

Publicity Consent Waiver

The parishes of St. Ann, St. Edward, St. Theresa, St. Stephen (All Saints Catholic Community) and the Diocese of Gaylord, engage in various communications regarding programs and activities of the parish, school and diocese through correspondence and publicity with families, parishioners, as well as mass media and members of the wider community. This may involve -- but is not limited to – photos, video, audio, written materials, bulletin boards, newspapers, radio, television, PowerPoint, Internet, etc. Please provide authorization for your child's name, picture, age, parish/school, verbal or written remarks, and parent's names to be utilized for such publicity by completing the form below.

☐ As parent/guardian of _____, I understand that promotional pictures, audio and/or video recording (individual and group) may be taken during events and activities offered through the All Saint Catholic Community or the Diocese of Gaylord. I hereby give permission, without remuneration, for my child's name, picture, age, parish/school, city, verbal or written remarks and parent(s) names, to be used for news, educational and promotional materials (including, but not limited to, print, audio, video, broadcast, displays, web pages, calendars, PowerPoint, bulletins, etc.) for the All Saint Catholic Community, as well as the Diocese of Gaylord. I also hereby agree to release and hold harmless the All Saint Catholic Community and the Diocese of Gaylord, as well as any of their employees or representatives, including volunteers, from any and all claims resulting from the use of the above information regarding my child.

☐ I do not give authorization.

_____ _____

Signature of Parent/Guardian Date

_____

Printed Name of Parent/Guardian

Parents may cancel this authorization at any time by providing written notice to, St. Ann Parish, 800 W 13th

Cadillac, MI 49601

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

Name of Minor/s:_____

Relationship to you:_____

Reason for which release is intended:_____

Address of Minor:_____

City:_____State:_____Zip:_____Phone:(_____)_____-_____

Date of Birth:_____

Emergency Phone:_____

Family Physician:_____

Physicians Address: _____

City:_____State:_____Zip:_____Phone: (_____)_____-_____

List allergies, medication, contacts, or other pertinent comments:

Allergies:_____

Medications:_____

Comments/Other:_____

Health Insurance Data:_____

Company:_____Policy:_____

Group:_____Contract:_____

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt ofNotice of Privacy rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizingmedical treatment deemed necessary and appropriate by the treating physician.

Date:_____/_____/_____Signed:_____