

# 2018 - 2019 EDGE Ministry Grades 6 - 8

## Child Information

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Male          Female          \_\_\_ Age          \_\_\_ Grade

School \_\_\_\_\_

Home Address \_\_\_\_\_

## Child has celebrated the following sacraments:

Baptism          Eucharist          Reconciliation          Confirmation

## Parent or Guardian Information

Father/Guardian Name \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_

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

Mother/Guardian Name \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_

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

My child has the following physical /learning disabilities: \_\_\_\_\_  
\_\_\_\_\_

*I hereby grant St. Mary Magdalene Catholic Church permission to use my picture and that of the above named child in any and all of its publications, including website entries, for purposes of publicizing Catechetical Ministry programs or for any other lawful purpose.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**1 child - \$50**

**2 children - \$100**

**3 children - \$150**

**TOTAL FEES** \_\_\_\_\_ **AMT PAID** \_\_\_\_\_ **BAL DUE** \_\_\_\_\_

Fee paid by Check \_\_\_\_\_ Fee paid by Cash \_\_\_\_\_ Fee paid by Credit Card \_\_\_\_\_

Fee paid by Faith Direct \_\_\_\_\_ FAITH DIRECT approval # \_\_\_\_\_

**DATE FORM RECEIVED** \_\_\_\_\_ **Registration received by** \_\_\_\_\_

**Original Form and Payment to MM**