



REGISTRATION FORM
 Ss. Cyril & Methodius Church
 Sterling Heights, MI 48314

Family Name: _____

Today's Date: _____

Little Flower's Name	Birthdate	Age

Mother's Name:	Email:	
Father's Name:	Email:	
Address:	City:	MI, zipcode:
Home Phone:	Cell Phone:	
Home Parish :		

I have completed a mandatory Archdiocese of Detroit criminal background check form and have submitted it to Deacon Joe: YES _____ NO _____
 I have taken a Protecting God's Children (PGC) class: YES _____ NO _____
 I will take the PGC class on: _____

* Note: ALL volunteers in contact with any children must submit to a criminal background check, prior to volunteering, and take the Protecting God's Children class per Archdiocese of Detroit mandate.

For office use only		
Number of girls registered: _____	Registration fee total due:	\$ _____
Each girl \$45.00	Fee paid:	\$ _____
Check # _____ Cash _____	Registration taken by: _____	Date: _____