



Ss. Cyril & Methodius Parish Sterling Heights, MI

Today's date: _____

FAMILY LAST NAME: _____
(Please print)

Garden Group

Girl's Name: _____ Birthday ____ / ____ / ____ Grade _____ \ _____
 Girl's Name: _____ Birthday ____ / ____ / ____ Grade _____ \ _____
 Girl's Name: _____ Birthday ____ / ____ / ____ Grade _____ \ _____
 Girl's Name: _____ Birthday ____ / ____ / ____ Grade _____ \ _____
 Girl's Name: _____ Birthday ____ / ____ / ____ Grade _____ \ _____

Garden Groups

Daisies 5-6 year olds

Sunflowers 7-8 year olds

Ivy 9-10 year olds

Peonies 11-12 year olds

Roses ages 13-14

Doves-Girls Preparing for Confirmation this year

Little Women Hospitality Program High School aged girls

Address: _____

City _____ MI, Zip Code _____

Home Phone _____ Cell Phone _____

Parent Email Address _____

Home Parish Name _____

Mother's Name _____ Father's Name _____

*I have completed a mandatory Archdiocese of Detroit criminal background check form and submitted it to Deacon Gerald. yes no
 I have taken a Protecting God's Children (PGC) class yes no I will take the PGC class on _____ date

*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.

TURN OVER FOR MEDICAL RELEASE FORM!

For office use only:

Number of Girls Registered _____

First Girl \$16.00, each additional daughter \$5.00

Check # _____ Cash _____

Registration Fee Total Due \$ _____

Total Paid \$ _____

registration taken by: _____ date _____