

St. Francis of Assisi Church Faith Formation Registration Form

One form per family ~ List children **oldest to youngest** Fee \$35 \$70 _____

Photographs of my child may be used on parish websites YES NO (Please circle one)

On-line only _____ **In person/hybrid** _____

Family Name _____ Parent's preferred e-mail _____

Address _____

City _____ Zip _____ Preferred phone _____

Mother's Name _____ Work phone _____

Father's Name _____ Work phone _____

Parent's Marital Status _____ Mother's Maiden Name _____

Emergency phone number during class time _____

Person other than parent who may pick up your child _____

Phone number(s) _____

Register *only* your children who are involved in Faith Formation. Oldest to youngest

Please be specific in listing your child's Church of Baptism
St Francis of Assisi only began Baptisms in April 2009

Child's Name _____ **DOB** _____ **Grade** _____

School _____ Child's
E-mail/phone _____

Medical Alert/Food Allergies Info _____

Church of Baptism _____ Year _____

First Reconciliation _____ Year _____

First Eucharist _____ Year _____

Child's Name _____ **DOB** _____ **Grade** _____

School _____ Child's
E-mail/phone _____

Medical Alert/Food Allergies Info _____

Church of Baptism _____ Year _____

First Reconciliation _____ Year _____

First Eucharist _____ Year _____

Child's Name _____ **DOB** _____ **Grade** _____
School _____ **Child's** _____
E-mail/phone _____

Medical Alert/Food Allergies Info _____

Church of Baptism _____ Year _____

First Reconciliation _____ Year _____

First Eucharist _____ Year _____

Child's Name _____ **DOB** _____ **Grade** _____
School _____ **Child's** _____
E-mail/phone _____

Medical Alert/Food Allergies Info _____

Church of Baptism _____ Year _____

First Reconciliation _____ Year _____

First Eucharist _____ Year _____

Child's Name _____ **DOB** _____ **Grade** _____
School _____ **Child's** _____
E-mail/phone _____

Medical Alert/Food Allergies Info _____

Church of Baptism _____ Year _____

First Reconciliation _____ Year _____

First Eucharist _____ Year _____

Child's Name _____ **DOB** _____ **Grade** _____
School _____ **Child's** _____
E-mail/phone _____

Medical Alert/Food Allergies Info _____

Church of Baptism _____ Year _____

First Reconciliation _____ Year _____

First Eucharist _____ Year _____