

St. Francis of Assisi Faith Formation
Faith Formation Registration

FOR OFFICE USE ONLY

Amount Paid: _____
Cash: _____
Check: _____
Date: _____

Today's Date: ____/____/____

FAMILY INFORMATION:

Family Last Name: _____
 Street Address: _____ City/State: _____ Zip: _____
 Phone Number: Home: _____ Cell: _____

Father: Last Name: _____ First Name: _____ Mr. Suffix: _____
 Marital Status: Married/Single/Divorced/Widowed Religion: _____ Birth Date: _____
 Married by a Priest: Yes No

Mother: Last Name: _____ First Name: _____ Mrs./Ms. _____
 Marital Status: Married/Single/Divorced/Widowed Religion: _____ Birth Date: _____
 Married by a Priest: Yes No

Email Address: _____ Send Email when possible? _____
 Registered Parishioner: YES/NO Envelope Number: _____

CHILDREN IN FAITH FORMATION: (Please complete "Student Information" for each.)

#1: _____ Faith Formation Grade: _____
 #2: _____ Faith Formation Grade: _____
 #3: _____ Faith Formation Grade: _____
 #4: _____ Faith Formation Grade: _____
 #5: _____ Faith Formation Grade: _____

STUDENT INFORMATION:

Student Name:
 Last Name: _____ First Name: _____ Suffix: _____
 Birth Date: _____ Age: _____ School Grade: _____ Gender: _____
 Birthplace: City/State: _____
 Father: _____ Mother's Full Maiden Name: _____
 Faith Formation Grade: _____
 Medical Conditions/Medications/Allergies: _____

Emergency Contact: Name: _____ Relationship: _____
 Phone: Home: _____ Cell: _____

SACRAMENTS:	BAPTISM	FIRST EUCHARIST	CONFIRMATION	RECONCILIATION
Date: <small>Please provide copy of Baptism Certificate if not baptized at St. Francis.</small>				YES/NO
Name of Church:				
City/State:				

St. Francis of Assisi Faith Formation
Faith Formation Registration

Today's Date: ____/____/____

STUDENT INFORMATION:

Student Name:

Last Name: _____ First Name: _____ Suffix: _____

Birth Date: _____ Age: _____ School Grade: _____ Gender: _____

Birthplace: City/State: _____

Father: _____ Mother's Full Maiden Name: _____

Faith Formation Grade: _____

Medical Conditions/Medications/Allergies: _____

Emergency Contact: Name: _____ Relationship: _____

Phone: Home: _____ Cell: _____

SACRAMENTS:	BAPTISM	FIRST EUCHARIST	CONFIRMATION	RECONCILIATION
Date: <small>Please provide copy of Baptism Certificate if not baptized at St. Francis.</small>				YES/NO
Name of Church:				
City/State:				

STUDENT INFORMATION:

Student Name:

Last Name: _____ First Name: _____ Suffix: _____

Birth Date: _____ Age: _____ School Grade: _____ Gender: _____

Birthplace: City/State: _____

Father: _____ Mother's Full Maiden Name: _____

Faith Formation Grade: _____

Medical Conditions/Medications/Allergies: _____

Emergency Contact: Name: _____ Relationship: _____

Phone: Home: _____ Cell: _____

SACRAMENTS:	BAPTISM	FIRST EUCHARIST	CONFIRMATION	RECONCILIATION
Date: <small>Please provide copy of Baptism Certificate if not baptized at St. Francis.</small>				YES/NO
Name of Church:				
City/State:				