

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: \_\_\_\_\_

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**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: \_\_\_\_\_

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