

**St. Francis of Assisi Faith Formation
Faith Formation Registration**

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:				

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Faith Formation Grade: _____

Medical Conditions/Medications/Allergies: _____

Emergency Contact: Name: _____ Relationship: _____

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