

SAINT FRANCIS OF ASSISI PARISH  
2009 - 2010 FAITH FORMATION REGISTRATION FORM

REGISTRATION FEE - \$40.00 EACH CHILD; \$65.00 TWO OR MORE CHILDREN

CHILD'S NAME \_\_\_\_\_

FIRST

MIDDLE INITIAL

LAST

DATE OF BIRTH \_\_\_\_\_ CITY & STATE OF BIRTH \_\_\_\_\_

CHURCH OF BAPTISM \_\_\_\_\_ CITY & STATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL AND MAIDEN NAME \_\_\_\_\_

GUARDIAN (IF APPLICABLE) \_\_\_\_\_ TEL# \_\_\_\_\_

REGISTERED MEMBERS OF THE PARISH? \_\_\_\_\_ IF "NO" CHUCH WHERE REGISTERED \_\_\_\_\_

LAST GRADE COMPLETED IN OUR PROGRAM \_\_\_\_\_ IF LAST ENROLLED IN ANOTHER PARISH PROGRAM, NAME  
OF PARISH AND LAST GRADE COMPLETED \_\_\_\_\_

SCHOOL CHILD ATTENDS \_\_\_\_\_  
(SEPTEMBER, 2009) (GRADE SEPT. 2009)

EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ TEL # \_\_\_\_\_

NAME(S) & GRADE(S) OF ADDITIONAL CHLD/CHILDREN IN PROGRAM \_\_\_\_\_

PLEASE LIST ALL CONDITIONS, MEDICATIONS, ALLERGIES, ETC., OF WHICH THE DIRECTOR AND TEACHER  
SHOULD BE MADE AWARE: (please use reverse side if additional space is needed)

IN THE EVENT OF EMERGENCY AND THE PARENT/EMERGENCY CONTACT CANNOT BE REACHED, MAY WE CONTACT 911  
OR MAKE ARRANGEMENTS FOR TRANSPORTATION TO THE NEAREST MEDICAL FACILITY?

YES

NO

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE:

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_