

SAINT FRANCIS OF ASSISI PARISH
2011-2012 FAITH FORMATION REGISTRATION FORM

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

A COMPLETED REGISTRATION FORM IS NEEDED FOR EACH CHILD

CHILD'S NAME _____
FIRST MIDDLE INITIAL LAST GENDER

DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

CHURCH OF BAPTISM _____ CITY & STATE _____

1st AND 2nd GRADE, CONFIRMATION I AND II STUDENTS, OR IF NEW TO THE PROGRAM.....IF YOUR CHILD WAS NOT BAPTIZED AT OUR PARISH (ST. FRANCIS OF ASSISI, ST. MICHAEL, OR OUR LADY OF FATIMA), WE WILL NEED A COPY OF THEIR BAPTISM CERTIFICATE FROM THE PARISH OF BAPTISM.
THIS INFORMATION IS TO BE PROVIDED AT TIME OF REGISTRATION

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,

PLEASE PROVIDE NAME OF PARISH AND LAST GRADE COMPLETED _____

SCHOOL CHILD ATTENDS AND GRADE _____
(SCHOOL SEPTEMBER, 2011) (GRADE SEPT. 2011)

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 _____ +

