St. Francis Religious Education Form 2016-2017

67 West Town Street Lebanon, CT 06249 Phone (860) 642-6711

For 1 Child Please Print Legibly

REGISTRATION FOR FAITH FORMATION CLASSES (Grades Pre K-8)

Date:	Grade: (For school year 2016-2017)		
Student's Name:			
	First Initial	Last	
Address:		_	
	Street	City	<i>'</i>
State: Zip	Code:		
1 st Contact Person: ()	Father () Mother Other		
Mr., Ms, Mrs., Dr, etc.	First	Last	Sr., Jr., etc.
Home Phone:	Work Phone:	Cell Phone:	
2 nd Contact Person: ()	Father () Mother Other		
Mr., Ms, Mrs., Dr, etc.	First	Last	Sr., Jr., etc.
	Work Phone:		
Student's Mothers Maiden	Name: Last Name		
+ + + All mail and e-mail	ail will be addressed to the 19	st Contact Person + + +	
E-Mail Address:			
Emergency Contact Perso (If Parents not available)	on:	Phone:	
Gender: () Boy () (Girl		
Student's Birth Date:	Birthplace:	City	State

GO TO PAGE 2

PAGE 2

Students Sacramental Information:

Baptized: () YES () NO				
Date	Church	City	State	
Made 1 st Confession: () YES () NO				
Date	Church	City	State	
Made 1 st Communion: () YES () NO				
Date	Church	City	State	
Student's Parents: Married ()	Divorced () Single Parent ()		
Mother's Religion:	Father's Religion: _			
Biological Mother Deceased: ()	Biological Father Deceased: ()			
Biological Father's Name:				
Biological Mother's Maiden Name	:			
Are there any medical or learning dis-	abilities we should know about in order to	teach your child mo	re effectively?	
REGISTRATION FEE = \$50.00 T LATE REGISTRATION FEE = PL If there are financial difficulties of	wo Children = 100.00 Three + child .US \$15.00 PER CHILD AFTER Aug or problems with the fees, please call	ren = \$150. ust 1, 2016	––––––––––––––––––––––––––––––––––––––	
waiver.				
Checks may be made payable to S	t Francis of Assisi Church and returne	ed with your registr	ation form	
For office use only:				
Cash: Amount \$	Date Rece	ived	<u>.</u>	
Check Number	Time:	Time:		