

Students Sacramental Information:

Baptized:

() YES () NO _____
Date Church City State

Made 1st Confession:

() YES () NO _____
Date Church City State

Made 1st 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 disabilities we should know about in order to teach your child more effectively?

Parent or Guardian's signature: _____

REGISTRATION FEE = \$50.00 Two Children = 100.00 Three + children = \$150.

LATE REGISTRATION FEE = PLUS \$15.00 PER CHILD AFTER August 1, 2017

If there are financial difficulties or problems with the fees, please call Jim Hay or Fr. Mark at 642-6711 for a waiver.

Checks may be made payable to St Francis of Assisi Church and returned with your registration form

For office use only:

Cash: Amount \$ _____

Date Received _____

Check Number _____

Time: _____