

RETURNING STUDENTS**2020-2021****St. Francis of Assisi Parish**
Faith Formation Registration

Child's

Faith Formation Grade Level

Name _____ Grade for **2020-2021** _____
(First) (Full Middle) (Last) (may not be the same as school)

Date of Birth: ____/____/____ School Attending: _____

Father/Guardian Name: _____

Father's phone: _____ Father's email: _____

Mother/Guardian Name: _____ **Maiden Name:** _____

Mother's phone: _____ Mother's email: _____

Address: _____ Town: _____

Zip Code: _____

Parents are Married sacramentally ____ Married Civilly ____ Divorced ____ Unmarried ____

Child resides with: Mother ____ Father ____ Both ____ Other _____

Name/grade of other children in program: _____

Please make us aware of any specific health issues we should know about your child including allergies, mental/emotional health, learning disabilities, and speech/language impediments:

Emergency Contact Name: _____

Relationship to child: _____ Phone: _____

* Signing signifies an understanding and acceptance of the Policies and Expectations of this program.

Parent Signature: _____ Date: ____/____/____

REGISTRATION FEE - \$35.00 EACH CHILD / \$65.00 TWO OR MORE CHILDREN

*Please call the rectory if there is a financial hardship.

FOR OFFICE USE:

Date Paid _____ Amount _____ Check No. _____ Cash _____