St. Francis of Assisi Faith Formation Registration Form 2025- 2026

FAITH FORMATION FEES - Wednesday evenings \$60.00 PER CHILD - \$180.00 Family Max Reconciliation/First Eucharist/Confirmation see separate Registration forms

FAMILY LAST NAME		HOME PHONE	
PRIMARY ADDRESS			
MOTHER'S NAME		CELL	
FATHER'S NAME		CELL	
EMERGENCY C	<u>ONTACT INFORMATION (</u> IF PARI	ENT CANNOT BE REACHED)	
NAME	REL	RELATIONSHIP	
CELL PHONE	HOME PHONE		
Unless you notify the office in writing, The Church of St. Francis of Assisi assumes permission to use your child/ren's photo (without name identification) in the bulletin, on the website or in parish publicity information. If you do not wish for your child to appear in photos, please check box and sign here: Parent Signature:			
CHILD 1			
Complete name:			
Gender :Male Female	Date of Birth:	Grade in Fall:	
Health concerns/special Needs/social Iss dren in faith formation. Please list any h	sues Information. We want to be as sensi ealth concerns, allergies, special needs/d	tive as possible to the needs of our families and chil- isabilities social issues, etc of this child.	
CHILD 2 Complete name:			
Gender :Male Female	Date of Birth:	Grade in Fall:	
	sues Information. We want to be as sensi ealth concerns, allergies, special needs/d	tive as possible to the needs of our families and chil- isabilities social issues, etc of this child.	
CHILD 3 Complete name:			
Gender :Male Female	Date of Birth:	Grade in Fall:	
	sues Information. We want to be as sensi ealth concerns, allergies, special needs/d	tive as possible to the needs of our families and chil- isabilities social issues, etc of this child.	
	ntoon on a Cotoobist		