

**St. Francis of Assisi Faith Formation Registration Form 2024- 2025**

**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 \_\_\_\_\_  
**EMAIL ADDRESS (this will be our primary means of communication)** \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ CELL \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ CELL \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (IF PARENT CANNOT BE REACHED)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**PHOTO USE INFORMATION**

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 Issues Information. We want to be as sensitive as possible to the needs of our families and children in faith formation. Please list any health concerns, allergies, special needs/disabilities social issues, etc of this child.  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD 2**  
Complete name: \_\_\_\_\_  
Gender : \_\_\_ Male \_\_\_ Female      Date of Birth: \_\_\_\_\_      Grade in Fall: \_\_\_\_\_

Health concerns/special Needs/social Issues Information. We want to be as sensitive as possible to the needs of our families and children in faith formation. Please list any health concerns, allergies, special needs/disabilities social issues, etc of this child.  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD 3**  
Complete name: \_\_\_\_\_  
Gender : \_\_\_ Male \_\_\_ Female      Date of Birth: \_\_\_\_\_      Grade in Fall: \_\_\_\_\_

Health concerns/special Needs/social Issues Information. We want to be as sensitive as possible to the needs of our families and children in faith formation. Please list any health concerns, allergies, special needs/disabilities social issues, etc of this child.  
\_\_\_\_\_  
\_\_\_\_\_

**I am willing to volunteer as a Catechist : \_\_\_yes \_\_\_no (Catechists receive child's tuition free)**