

## 2010-2011 SFA School Sacrament Registration Form

\*\* 2nd Grade Administrative Fee \$25

\*\* 8th Grade Administrative Fee \$50

\*\* Attach Copy of Baptismal Certificate

\*\* Attach Copy of Permission Letter (if member of another parish)

<b>2nd / 8th / JTC</b>
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<b>Student Info</b>	Last Name: _____ First Name: _____ Middle: _____ Goes By: _____ Suffix: _____ Gender: _____	Age as of 9/30 _____ Grade _____ School Attending: _____ Birth Date: _____ Birth Place _____ Language: _____
	Birth Father (First/Middle/Last): _____ Birth Father's Religion: _____	Birth Mother (First/Middle/Maiden): _____ Birth Mother's Religion: _____

<b>Family Info</b>	Father/Guardian/StepFather: Last Name: _____ First Name: _____ Prefix/Suffix: _____ Work Phone: _____ Cell Phone: _____ Employer: _____	Mother/Guardian/StepMother: Last Name: _____ First Name: _____ Prefix/Suffix: _____ Work Phone: _____ Cell Phone: _____ Employer: _____
	Street Address: _____ City/State/Zip _____ Home Phone: _____	
	<b>Family Email:</b> _____	
	Parish Where Registered: _____	
	Student Resides with: Both Parents _____ Mother _____ Father _____ Guardian _____ Marital Status: Married _____ Separated _____ Divorced _____	
	Family Members in Journey to Catholicism (JTC)? Yes _____ No _____ If Yes, Name and Relationship _____	

Grade level of Religious Education student has completed (Circle Each): 3 yr 4 yr 5K 1 2 3 4 5 6 7 8 9 10 11
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**SACRAMENTS** Attach Copy of Baptism Certificate or Proof of Baptism

**Baptism**      Baptismal Name : \_\_\_\_\_  
Date: \_\_\_\_\_  
Performed by: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_

**1st Communion**      Date: \_\_\_\_\_  
Performed by: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_

**Confirmation**      Date: \_\_\_\_\_  
Performed by: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_

I desire that my child receive the Sacrament(s) of Baptism, First Reconciliation, First Eucharist or Confirmation with the parish of St. Francis of Assisi. I will adhere to the norms and requirements of both my child and myself that are necessary for the reception of this sacrament at St. Francis.

Sacrament(s) being Received: \_\_\_\_\_

Does Student have any serious or chronic medical condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain specifically: \_\_\_\_\_

Is Student taking any medications? If yes, please list: \_\_\_\_\_

**Office Use:**

**Ck#** \_\_\_\_\_

**Amt** \_\_\_\_\_

**Date:** \_\_\_\_\_

I authorize the St. Francis staff to summon emergency medical treatment in the event my child becomes seriously ill or injured, and I further release St. Francis staff, the Diocese of Memphis from any and all liability and waive any claims against them in regard to any accident or injury by participation in any activities of a St. Francis of Assisi program.

**Signature of Parent/Guardian:**

\_\_\_\_\_ Date: \_\_\_\_\_