

St. Francis of Assisi Catholic School ~ 2011-2012 Sacrament Registration

2nd Grade Administrative Fee ~ \$25.00

8th Grade Administrative Fee ~ \$50.00

For 2nd and 8th graders - copy of Baptismal Certificate is required

**If members of another parish, please attach a letter of permission from your pastor giving permission for your child to receive their sacrament with St. Francis of Assisi*

Student Info

Last Name: _____
First Name: _____
Middle: _____
Suffix: _____
Gender: _____

Today's Date: _____
Age (as of 9/30/11): _____
Grade entering Fall 2011: _____
Birth Date: _____
Birth Place: _____

Birth Father (First/Middle/Last):

Birth Mother (First/Middle/Maiden):

Birth Father's Religion: _____

Birth Mother's Religion: _____

Family Info

Father/Guardian/StepFather (circle one) :

Mother/Guardian/StepMother (circle one) :

Last Name: _____
First Name: _____
Work Phone: _____
Cell Phone: _____

Last Name: _____
First Name: _____
Work Phone: _____
Cell Phone: _____

Street Address: _____
City/State/Zip _____
Home Phone: _____

* **EMAIL:** _____

* **Please use BEST email address that is monitored often.**

Marital Status: Married ___ Separated ___ Divorced ___

Student Resides with: Both Parents ___ Mother ___ Father ___ Guardian ___

Parish Where Registered: _____

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

OVER ~

SACRAMENTS RECEIVED:

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: _____

2nd and 8th Grade ONLY 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. *Copy of Baptismal Certificate is required (if baptized).

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: _____

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 and 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.

Office Use:

Date Paid:

Check #:

Amount:

Signature of Parent/Guardian:

Date: _____