

## 2009-2010 SFA School Religious Education Registration Form

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

\*\* 8th Grade Administrative Fee \$40

\*\* Attach Copy of Baptismal Certificate

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

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

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

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| Grade level of Religious Education student has completed (Circle Each):<br>3 yr 4 yr 5K 1 2 3 4 5 6 7 8 9 10 11 |
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## 2009-2010 SFA School Religious Education Registration Form

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

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, 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.

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: \_\_\_\_\_

|  |  |
|--|--|
|  | Signature of Parent/Guardian:<br><br>_____ Date: _____ |
|--|--|