

St. Francis of Assisi Church ~ 2010-2011 Religious Education Classes

Tuition: 1 Child \$75.00 2 Children \$85.00 3 or More Children \$100.00

*2nd Grade-Administrative Fee \$25 *8th Grade-Administrative Fee \$50

*Attach copy of Baptismal Certificate (for 2nd & 8th graders) and Permission Letter (if members of another parish)

Student Info	Last Name: _____	Today's Date: _____
	First Name: _____	Age as of 9/30/10 _____ Grade _____
	Middle: _____	School Attending: _____
	Goes By: _____	Birth Date: _____
	Suffix: _____	Birth Place: _____
	Gender: _____	Language: _____
	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: _____	Last Name: _____
	First Name: _____	First Name: _____
	Work Phone: _____	Work Phone: _____
	Cell Phone: _____	Cell Phone: _____
	Employer: _____	Employer: _____
	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		

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 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: _____

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: _____