## St. Francis Student Registration Form

Family Last	Name:	Student La	ast Name:			
			\$50.00 – 3 or more children \$75.00 - Confirmation			
Are you registered in the parish? Yes No						
Head of Hou	isehold:					
Last name: _		First name:				
Address:						
City:		State:	_ Zip:			
Home phone	:W	ork:	Cell:			
Email:						
Spouse:						
Last name: First name:						
Address:						
City:		State:	_Zip:			
Home phone:		Vork:	Cell:			
Email:						
<u>Guardian Ir</u>	<b>formation</b> (if you are a	guardian or foster p	arent):			
Last name: Firs		First name:	t name:			
Relationship	to child:					
			Cell:			

*(please initial)* I give permission for use of my email and/or cell phone number for communications through Flocknote. This will include updates from your child(ren)'s teacher, weather related cancellations, important announcements, and weekly parish updates. Information will not be shared without expressed permission.

## Adult Volunteers:

Name: \_\_\_\_\_

- I can help Sunday mornings as a catechist for grade \_\_\_\_\_
- I can substitute for grade \_\_\_\_\_
- I can be a monitor for classrooms
- I can be an Adult Education Presenter [Topic to be presented\_\_\_\_]
- I can help set up / clean-up for Adult Education

## Use of Pictures and /or Video on St. Francis Catholic Church Website or Other Publication

I give permission for pictures and/or video of my child(ren), \_\_\_\_\_

engaged in activities related to any St. Francis of Assisi event, to have their pictures posted in publications or on the

website. Names of participants will not be used without expressed permission from the parent or guardian.
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ I <u>do not</u> give permission to publish any pictures of my children.

## Student Information: \*\* Please list students from youngest to oldest\*\*

Last name:	First name:
	Sex:MF Date of Birth://
My child has already received the fo	llowing sacraments:
1	nce First Communion Confirmation
CCD Grade: School yes	
_	ool name:
Special information that we should l	know about: (allergies, other medical, education, etc.)
Last name:	First name:
	Sex:MF Date of Birth://
My child has already received the fo	
	nce First Communion Confirmation
CCD Grade: School yes	
Secular school grade: School year	
•	know about: (allergies, other medical, education, etc.)
1 	
Last name:	First name:
	Sex:MF Date of Birth://
My child has already received the fo	
	nce First Communion Confirmation
CCD Grade: School yea	
	bol name:
	know about: (allergies, other medical, education, etc.)
Last name:	First name:
	Sex:MF Date of Birth://
My child has already received the fo	
5	nce First Communion Confirmation
CCD Grade: School yes	
	bol name:
_	know about: (allergies, other medical, education, etc.)
	(

Office use: CAT	AMT	Chk		
Formation entered				