

RELIGIOUS EDUCATION REGISTRATION

St. Francis of Assisi Church, 6245 Wilmington Pike, Centerville, Ohio 45459 937-433-0128 Ext. 203

Family Name _____

Street Address _____

City _____ Zip Code _____

Home Phone (____) _____ Unlisted? Y N Family E-mail _____

Father's Name _____ Mother's Name _____
(please include maiden name if applicable)

Religion _____ Religion _____

Occupation _____ Occupation _____

Phone (s) _____ Phone (s) _____

Volunteer: _____ Volunteer: _____

PARENT/GUARDIAN SIGNED AGREEMENT

I have read, understand and accept the terms specified in the current Religious Education parent handbook.

_____ Date _____

Parent/Guardian Signature

STUDENT REGISTRATION

September 2010 – May 2011

Student Name _____ Grade For 2010/11 _____ Sex _____

Birth Date ____/____/____ Age for Early Childhood _____

Sacraments received: Baptism _____ if other than Catholic Baptism, please indicate _____

First Communion _____ Reconciliation _____ Confirmation _____

Learning or Health Issues _____

Session Choice: Day _____ Time _____ Home School _____

School Attending in 2010/11 _____

Student Name _____ Grade For 2010/11 _____ Sex _____

Birth Date ____/____/____ Age for Early Childhood _____

Sacraments received: Baptism _____ if other than Catholic Baptism, please indicate _____

First Communion _____ Reconciliation _____ Confirmation _____

Learning or Health Issues _____

Other Conditions _____

Session Choice: Day _____ Time _____ Home School _____

School Attending in 2010/11 _____

Student Name _____ Grade For 2010/11 _____ Sex _____

Birth Date ____/____/____ Age for Early Childhood _____

Sacraments received: Baptism _____ if other than Catholic Baptism, please indicate _____

First Communion _____ Reconciliation _____ Confirmation _____

Learning or Health Issues _____

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School Attending in 2010/11 _____