

**ST. FRANCIS OF ASSISI**  
**2016 - 2017**  
**REGISTRATION FOR CONFIRMATION**

Last Name \_\_\_\_\_ Sex \_\_\_\_\_

First Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ **Student cell -** \_\_\_\_\_

Check Sacraments received in the Catholic Church:

Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ **\*Parent e-mail -** \_\_\_\_\_  
(print clearly)

List any health conditions or special needs: (such as heart disease, diabetes, epilepsy, severe allergies, asthma, etc.) and/or any daily medications:

\_\_\_\_\_  
\_\_\_\_\_

**HEAD-OF-HOUSEHOLD INFORMATION**

**HOME E-MAIL** \_\_\_\_\_

HOH Last Name \_\_\_\_\_ Spouse Last Name \_\_\_\_\_

HOH First Name \_\_\_\_\_ Spouse First Name \_\_\_\_\_

HOH Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

HOH Phone Number \_\_\_\_\_ HOH Religion \_\_\_\_\_ Spouse's Religion \_\_\_\_\_

Dad's Work Phone \_\_\_\_\_ Mom's Work Phone \_\_\_\_\_

Are you registered in St. Francis of Assisi Parish? \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

**Check this space if you would like some community hours at the church or school this summer** \_\_\_\_\_

Do you have a 7<sup>th</sup> or 8<sup>th</sup> grade child who might wish to serve at the Confirmation Mass with the Bishop? \_\_\_\_\_

Are You the parent a Eucharistic Minister? \_\_\_\_\_