

ST. FRANCIS OF ASSISI
2017 - 2018
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 7th or 8th grade child who might wish to serve at the Confirmation Mass with the Bishop? _____

Are You the parent a Eucharistic Minister? _____