



# ST. FRANCIS OF ASSISI PARISH

## REGISTRATION FORM

### First Holy Communion

2024-2025

Date Submitted to Office: \_\_\_\_\_

Candidate's name in full as it appears on the Baptismal Certificate:

\_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Must have valid email address in order to be registered for the Sacrament

**Donation Fee: \$50 per year per each 1st & 2nd Child, \$35 for each additional child**

Registering for? \_\_\_\_\_ 1st Year \_\_\_\_\_ 2nd Year

What Day? \_\_\_\_\_ Tuesday 5:30 PM—English Paid Amount: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Wednesday 5:30 PM—Spanish Paid Amount: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Sunday 9:30 AM—English Paid Amount: \_\_\_\_\_ Date \_\_\_\_\_

## BAPTISM INFORMATION:

Baptism Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_

City and State \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mothers' **Full Maiden Name:** \_\_\_\_\_

**NOTE: An Original Copy of the Child's Baptismal Certificate MUST be Provided at the time of Registration.**



Let Us Break Bread Together

