



ST. FRANCIS OF ASSISI PARISH

REGISTRATION FORM

For Youth Catechism

2024-2025

Date Submitted to Office: _____

Student's Name (First/Last): _____

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: \$40 per year per each 1st & 2nd Child, \$25 for each additional child

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 _____

Father's Full Name: _____

Mothers' Full Maiden Name: _____

**An Original of Either the Child's Baptismal Certificate or Birth Certificate must be Provided at the time of Registration.
(NO Scanned or Photocopy documents will be accepted)**



Let Us Break Bread Together

