

ST. FRANCIS CHURCH SCHOOL REGISTRATION

Name: _____

Birth date: _____ Grade in School _____

Parents' names: _____

Hobbies or special interests: _____

Is this your first time attending Church School at St. Francis? _____

Would you be interested in learning more about either of the following programs:

_____ Baptism

_____ Eucharist Instruction
(Ages 8-10)

If your child has any special needs or requirements (including food allergies), please mention them here or feel free to talk to the teacher about them:

New Students

(or updated information for Returning Students)

Address: _____

Telephone: _____

Parents' e-mail address: _____

