



**CHURCH OF
ST. FRANCIS OF ASSISI**
SAN FRANCISCO DE ASIS

**Faith Formation
Registration**
(507) 288-7313

Family Information

Family Name: _____ Primary Email: _____
 Address: _____ City: _____ Zip: _____
 Primary Phone: _____ New to Faith Formation? Yes ☐ No ☐
 Father's Name: _____ Religion _____ Work/Cell Phone: _____
 Mother's Name: _____ Religion _____ Work/Cell Phone: _____
 Emergency Contact Name: _____ Work/Cell Phone: _____
 Emergency contact must be available during faith formation and older than 18 years of age.

If your child will be receiving First Reconciliation/First Communion this year (usually in 2nd grade), please note that below. We will gather additional information at the First Sacrament preparation parent meeting. There is a separate registration process for Confirmation preparation beginning in January for 9th grade students.

Parental Involvement: * Suggested donation waived.

We need your assistance for the faith formation program to run smoothly! Please indicate how you can help:

* Catechist _____ * Classroom Aide _____ Substitute Catechist _____ Special event help _____

Student Name (Last, First)	(M/F)	Birth Date:	School	Grade	This child HAS received (please circle):
					Baptism: YES or NO 1st Confession: YES or NO 1st Communion: YES or NO
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Suggested Donations for Faith Formation:

One child	\$20 (suggested)	Amount _____
Two children	\$40 (suggested)	_____
Three or more children	\$60 (suggested)	_____

If the suggested donation is too much for your family, please just give whatever you can. Money should never be a barrier to receiving the truths of the Catholic faith and the grace of the Sacraments.

Office Use Only:	Amount	Date	Payment Type

ENTERED BY: _____ DATE: _____