

**Kindergarten—6th Grade @ St. Francis**  
**Traditional Classroom or Homeschool**

**DEADLINE FOR REGISTRATION IS AUGUST 18, 2019**

(PLEASE PRINT:)

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

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

Parish of Registration:       St. Isaac       St. Francis       St. Benedict

<p><b>Child's name:</b> _____</p> <p>_____ Male    _____ Female (<i>please check</i>)</p> <p>Grade in September 2019: _____</p> <p>School Attending: _____</p> <p><b>Session Choice</b> (<i>please check one</i>)</p> <p>_____ Saturday 9:00am—10:30 am (St. Francis)</p> <p>_____ Sunday 8:40 am—9:50 am (St. Benedict)</p> <p>_____ Sunday 11:10 am—12:20 pm (St. Benedict)</p> <p>_____ Tuesday 6:00 pm—7:15 pm (St. Benedict)</p> <p>_____ Homeschool (not available for 1st/2nd grades)</p>	<p><b>Child's name:</b> _____</p> <p>_____ Male    _____ Female (<i>please check</i>)</p> <p>Grade in September 2019: _____</p> <p>School Attending: _____</p> <p><b>Session Choice</b> (<i>please check one</i>)</p> <p>_____ Saturday 9:00am—10:30 am (St. Francis)</p> <p>_____ Sunday 8:40 am—9:50 am (St. Benedict)</p> <p>_____ Sunday 11:10 am—12:20 pm (St. Benedict)</p> <p>_____ Tuesday 6:00 pm—7:15 pm (St. Benedict)</p> <p>_____ Homeschool (not available for 1st/2nd grades)</p>
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<p><b>Child's name:</b> _____</p> <p>_____ Male    _____ Female (<i>please check</i>)</p> <p>Grade in September 2019: _____</p> <p>School Attending: _____</p> <p><b>Session Choice</b> (<i>please check one</i>)</p> <p>_____ Saturday 9:00am—10:30 am (St. Francis)</p> <p>_____ Sunday 8:40 am—9:50 am (St. Benedict)</p> <p>_____ Sunday 11:10 am—12:20 pm (St. Benedict)</p> <p>_____ Tuesday 6:00 pm—7:15 pm (St. Benedict)</p> <p>_____ Homeschool (not available for 1st/2nd grades)</p>	<p><b>Child's name:</b> _____</p> <p>_____ Male    _____ Female (<i>please check</i>)</p> <p>Grade in September 2019: _____</p> <p>School Attending: _____</p> <p><b>Session Choice</b> (<i>please check one</i>)</p> <p>_____ Saturday 9:00am—10:30 am (St. Francis)</p> <p>_____ Sunday 8:40 am—9:50 am (St. Benedict)</p> <p>_____ Sunday 11:10 am—12:20 pm (St. Benedict)</p> <p>_____ Tuesday 6:00 pm—7:15 pm (St. Benedict)</p> <p>_____ Homeschool (not available for 1st/2nd grades)</p>
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**Registration Fee for Traditional Classroom or Homeschool Models: \$20 per Child**

Fee is payable via Cash, Check, or On-Line Giving

Please make checks payable to St. Francis of Assisi Parish. Financial difficulties? Contact Fr. Bob or Beth Jesserer.

**If you are a newly registered parishioner, or if this is your child's first year in Faith Formation, a Baptismal Certificate MUST be submitted upon registration.**

I can volunteer as a:    \_\_\_ Catechist    \_\_\_ Classroom Helper    \_\_\_ Substitute Catechist

Continue with Medical Information

## Medical Information (by child)

All persons baptized into the Catholic faith have a right to receive proper religious formation. Traditionally, St. Benedict the Abbot Parish mainstreams children with special needs into Faith Formation classes. To help facilitate the formation process, and to assist our volunteers, please provide the Faith Formation staff with more specific information regarding your child's special needs. Thank you for your cooperation as we journey in faith with your family.

<p><b>Child's name:</b> _____</p> <p>List medical conditions (i.e., ADD, ADHD, OCD, Autism, seizures, impairments, etc.)</p> _____ _____	<p><b>Child's name:</b> _____</p> <p>List medical conditions (i.e., ADD, ADHD, OCD, Autism, seizures, impairments, etc.)</p> _____ _____
<p>List allergies or medical issues:</p> _____ _____	<p>List allergies or medical issues:</p> _____ _____
<p>List any medication(s) needed to bring with them:</p> _____ _____	<p>List any medication(s) needed to bring with them:</p> _____ _____

<p><b>Child's name:</b> _____</p> <p>List medical conditions (i.e., ADD, ADHD, OCD, Autism, seizures, impairments, etc.)</p> _____ _____	<p><b>Child's name:</b> _____</p> <p>List medical conditions (i.e., ADD, ADHD, OCD, Autism, seizures, impairments, etc.)</p> _____ _____
<p>List allergies or medical issues:</p> _____ _____	<p>List allergies or medical issues:</p> _____ _____
<p>List any medication(s) needed to bring with them:</p> _____ _____	<p>List any medication(s) needed to bring with them:</p> _____ _____

**The above information may be shared with my child's catechist on a need to know basis providing that confidentiality is maintained.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use:**

\$ \_\_\_\_\_ Amount Date received: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ On-line: \_\_\_\_\_ PDS: \_\_\_\_\_