

Office Us: _____
 Date: _____
 Check Amount: _____
 Check Number: _____
 Cash Amount: _____

St. Francis of Assisi Catholic Church C.C.E. Registration Form 2017-2018



Please Print

Family Last Name: _____ Home Phone: _____
 Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____

Student Name _____ Date of Birth _____

Grade (2017-2018) _____ Gender Male Female

Was your child in CCE last year? (2016-2017) Yes No Name of Parish _____

Has your child been baptized? Yes No Date of Baptism _____

Church Name and Address _____

Has your child made the Sacrament of First Communion? _____

Has your child been Confirmed? Yes No Church Name and Address _____

Which sacrament is your child preparing for this year? Baptism First Communion Confirmation

Father's Name: _____ Email Address: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Mother's Name: _____ Mother's Email Address: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

Parent's Religion – Mother: _____ Father: _____

Child Lives with: _____ Are you the custodial parent? Yes No

Is your family registered with St. Francis of Assisi? Yes No

Please indicate the special needs of your child(ren) (i.e. allergies, hyperactivity, reading challenges, physical handicaps, or special custodial arrangements).

We will try to place your child; however, students will be placed upon receipt of registration, and according to space availability. Parishioners registering before September 10, 2017 will be given first priority!

REGISTRATION FEE

Any family who has difficulty regarding the registration fee is encouraged to speak with the CCE Director. No child will be denied Faith Formation for financial reasons.

\$25.00 – 1 child	\$35.00 - 2 children	\$45.00 – 3+ children
-------------------	----------------------	-----------------------

EMERGENCY CONTACTS

1. _____
 Name Relationship to child Phone Number

2. _____
 Name Relationship to child Phone Number