

St. Francis
P.O. Box 839
Ellsworth, WI 54011

Joan Foley
715-338-1199
cfoley@dishup.us

2021 - 22 St. Francis Religious Education Registration Form

Student Name _____ Grade _____ Birth Date _____ Male ___ Female ___

Please check Sacraments Received:

Baptism ___ First Reconciliation ___ First Communion ___ Confirmation ___

Student Name _____ Grade _____ Birth Date _____ Male ___ Female ___

Please check Sacraments Received:

Baptism ___ First Reconciliation ___ First Communion ___ Confirmation ___

Student Name _____ Grade _____ Birth Date _____ Male ___ Female ___

Please check Sacraments Received:

Baptism ___ First Reconciliation ___ First Communion ___ Confirmation ___

Student Name _____ Grade _____ Birth Date _____ Male ___ Female ___

Please check Sacraments Received:

Baptism ___ First Reconciliation ___ First Communion ___ Confirmation ___

Mother's name: _____ Phone: _____

Father's name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

(Home) E-mail Address: _____

If Applicable: Student cell # _____ Student Email _____

Registered in Parish? Yes ___ No ___

Emergency Contact: _____ Relationship: _____

Phone: _____

Please describe any Medical Condition or Diet Restriction we should know about _____

Permission to Use Participant Photos

You have my permission to use photos taken of my child/children during Religious Education Classes and Events. Examples of photo use: advertising, flyers, bulletin board display, parish website, Facebook, etc.

Name of Student/s: _____

Parent Signature: _____