



St. Francis of Assisi Church

6850 Mayfield Road Gates Mills, OH 44040 (440) 449-7880 www.mzetter@stfrancisgm.org



PARISH SCHOOL OF RELIGION REGISTRATION FORM 2020-2021

FAMILY INFORMATION

Family Name:	Home Phone:	Are you a registered parishioner of St. Francis of Assisi Parish? If not, what is your Parish? _____	
Father's Name:	Religion:	Father's Cell Phone:	
Mother's Name and Maiden Name:	Religion:	Mother's Cell Phone:	
Preferred Phone Number for One-Call Messages:	Child Lives With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other – please explain (e.g. shared custody):		
Child's address:	City:	State:	ZIP Code:

Family E-mail address 1: **PLEASE PRINT CLEARLY**

Family E-mail address 2: **PLEASE PRINT CLEARLY**

Please check below your preference of remote learning or home schooling for your family:
Remote learning _____ **Home schooling** _____

Please register your child(ren) no later than August 21, 2020.
The fee is \$50.00 per student if paying by cash or check.
GRADES 2, 7 AND 8 ARE SACRAMENTAL PREPARATION YEARS.
THE FEE FOR FIRST RECONCILIATION AND FIRST COMMUNION IS \$60.00.
CONFIRMATION FEE IS \$90.00 WHICH COVERS TWO YEARS OF CONFIRMATION PREPARATION.
If you prefer to pay with a credit card, a 3% service charge will be added. Please contact The Parish Office directly.

STUDENT INFORMATION: Oldest Child in PSR

Child's First Name:	Last Name:	NEW ___ RETURNING ___	Sex:	Date of Birth:
Will be preparing for a Sacrament: Y/N. Please include baptismal certificate and fee				
Entering Grade:	School Attending:			
Baptism Date:	Church:	City/State:		
Eucharist Date:	Church:	City/State:		
Confirmation Date:	Church:	City/State:		

Additional information we should know about your child: medical conditions, allergies, learning disabilities, special needs, etc.

May photos of your child(ren) be included in St. Francis Parish an PSR publicity? ___ Yes ___ No

PLEASE USE THE OTHER SIDE FOR ADDITIONAL CHILDREN TO BE ENROLLED IN PSR

ADDITIONAL CHILDREN

STUDENT INFORMATION: Second Child

Child's First Name:	Last Name:	NEW ___ RETURNING ___	Sex:	Date of Birth:
Will be preparing for a Sacrament: Y/N. Please include baptismal certificate and fee				
Entering Grade:	School Attending:			
Baptism Date:	Church:		City/State:	
Eucharist Date:	Church:		City/State:	
Confirmation Date:	Church:		City/State:	

Additional information we should know about your child: medical conditions, allergies, learning disabilities, special needs, etc.

STUDENT INFORMATION: Third Child

Child's First Name:	Last Name:	NEW ___ RETURNING ___	Sex:	Date of Birth:
Will be preparing for a Sacrament: Y/N. Please include baptismal certificate and fee				
Entering Grade:	School Attending:			
Baptism Date:	Church:		City/State:	
Eucharist Date:	Church:		City/State:	
Confirmation Date:	Church:		City/State:	

Additional information we should know about your child: medical conditions, allergies, learning disabilities, special needs, etc.

STUDENT INFORMATION: Fourth Child

Child's First Name:	Last Name:	NEW ___ RETURNING ___	Sex:	Date of Birth:
Will be preparing for a Sacrament: Y/N. Please include baptismal certificate and fee				
Entering Grade:	School Attending:			
Baptism Date:	Church:		City/State:	
Eucharist Date:	Church:		City/State:	
Confirmation Date:	Church:		City/State:	

Additional information we should know about your child: medical conditions, allergies, learning disabilities, special needs, etc.

For Office Use Only:

REG Date: Paid By: Chk # Cash: Credit Card: Fee AMT: