

ST. FRANCIS OF ASSISI CHURCH
6850 Mayfield Road Gates Mills, Ohio 44040
(440) 449-7880

REGISTRATION FOR FIRST RECONCILIATION & FIRST EUCHARIST 2020-2021

CANDIDATE'S FULL NAME: _____

first middle last

ADDRESS: _____

CITY, ZIP: _____

BEST PHONE NUMBER TO CONTACT PARENTS: _____

PARENT'S E-MAIL ADDRESS: _____

Father's Name: _____ Religion: _____ Cell: _____

Mother's Name: _____ Religion: _____ Cell: _____
(+ maiden name)

Parish of Registration: _____

City & State of Birth: _____

Date of Birth: _____
month day year

**We do not need a copy of child's baptism certificate if baptized at St. Francis of Assisi.
All others must attach a copy of the certificate to this form.**

Church of Baptism/Profession of Faith: _____

Address of the Church of Baptism: _____

City, State, Zip: _____

Date of Baptism: _____
month day year

Did your child attend religious education classes in Grade 1? Yes _____ No _____

St. Francis School _____ St. Francis PSR _____ Other _____

May your child's name & picture be displayed in church, in school or on website: Y/N

Sacramental fee is \$60.00 per child. Please make check payable to "SFA".

If you are having financial difficulties please contact Meg Zetzer at 440-449-7880.

OFFICE USE ONLY

Fee Paid: date: _____ check: _____ cash: _____ amount: _____