

## **Family Faith Formation Registration Form**

St Frances of Rome

Please write neatly and fill out this form completely. Forms must be returned to the St Frances of Rome Parish office. If you have any questions about registration, please contact the Pastoral Associate, Sharon Coonan, at (502) 896-8401 or scoonan@sfrlou.org

	Family	Contact Information				
Parent/Guardian (primary contact)						
First name:		Last name:				
		Maiden name (if applicable):				
Relationship to child(ren):						
Preferred phone number:			e one:	Home	Cell	Work
Email:						
Parent/Guardian						
First name:		Last name:				
		Maiden name (if applicable):				
Relationship to child(ren):						
Preferred phone number:		Circle	e one:	Home	Cell	Work
Email:						
Family Mailing Address Address:					<u></u>	
City:		State:			Zip:	
Are you registered parishioners at St Free YesNo, but the   If you are not yet registered at St Frances of scoonan@sfrlou.org to make an appointm	ere are sp	pecial circumstances (please ex	nan at (50	02) 896-840:		
	St	udent Information				
Child #1 First name:		Last name:				
Date of birth:						
Current school:						
Check all sacraments received:			Со	nfirmation		
Date of Baptism:						
City and state of church of Baptism:						
Child #2 First name:		Last name:				
Date of birth:		Grade for the 2021-2022 School Year:				
Current school:						
Check all sacraments received:				nfirmation		

Date of Baptism:	Church of Baptism:
City and state of church of Baptism:	

Child #3	First name:		Last name:			
Date of birth:_						
	:					
Check all sacra	ments received:Ba	aptism	First Communion	Confirmation		
Date of Baptisr	n:		Church of Baptism:			
City and state of	of church of Baptism:					
Child #4	First name:		Last name:			
	:					
			First Communion	Confirmation		
	n:					
			Health and Safety			
Please describe	any allergies or medical co	ondition	s that we should be aware of fo	r your child(ren):		
Yes Custodial Author	No Initials:orization: Is there anyone	else you	graph your child(ren) for parish want to designate to be able to	o take your child(ren) home?		
Name:			Relationship:	Phone:		
Zoom; all sessions, a pare session. Sign an	on facilitators will be traine ent or guardian must be pr nd date below to indicate the to participate in sessions d	ed in com r <b>esent in</b> hat you	npliance with Archdiocesan Safe the room with their child and understand and will comply wit	e via videochat platforms such as Environment policies. During these visible on the screen throughout the h this requirement. If you do not wish aith Formation to arrange alternative		
Parent/guardia	n signature:			Date:		
			Program Interest			
course of the 2				on programming will evolve over the amming your family is interested in		
Month Sacran	nly on-campus Family Day e	events ommuni	nulus Packages" through the ma on in 2 <sup>nd</sup> grade and Confirmatio sions			
			on or daughter is older than the tr ceived this sacrament so we can i	aditional age for First Communion (2 <sup>nd</sup> nclude them in the program!		
			Program Fee			

The faith formation program fee is \$25 per family; if this poses a hardship for your family, please contact the Pastoral Associate. Please pay by cash or check made out to St Frances of Rome Parish, and return this form and attached payment to the parish office (2119 Payne Street, Louisville, KY 40206). Office hours are from 9 am to 1 pm on Monday through Thursday, and 9 am to noon on Fridays; however, if you arrive outside of office hours, you can submit your form and payment through the mail slot. Thanks!