

RELIGIOUS EDUCATION FOR YOUTH

1st -11th GRADES

1st YEAR REGISTRATION FORM

2424 Palm Street (661)323-8800

*Information is held in confidence and is not shared without permission.
If a student is dropped, only the payment balance after the cost of the text
will be refunded upon request.*

<p>1ST -5TH Choose One (√): Monday 6:00 to 7:30 pm <input type="checkbox"/> Thursday 4:30 to 6:00 pm <input type="checkbox"/> 6th-11th Tuesday Only Paid \$ _____ Registration Fee \$75 per Child Receipt# _____</p>
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Attendance Requirements:
Students cannot miss more than six classes a year without a doctor's note.

Today's Date: _____ Registered in the Parish Yes No

Student's Name:

_____ *First* _____ *Middle Name* _____ *Last Name*

Date of Birth: _____ Place of Birth: _____

What grade will the student be in September? _____

Baptized Yes No

If NO, you must provide **Birth Certificate**

Baptized at St. Francis? Yes No

If YES, date: _____ If NO, provide **Baptism Certificate**

Special Needs Please Specify _____

Does the child have an I.E.P.? YES NO If YES, you must include a copy of the child's I.E.P.

Father's Name: _____ In the Home Yes No

First Name *Middle Name* *Last Name*

Mother's Name: _____ In the Home Yes No

First *Middle Name* *Last Name* *Maiden (name born with)*

_____ *Address* _____ *City* _____ *Zip Code*

Primary Number: _____ Alternate Phone Number: _____

For SMS Messaging: Text No. _____ Provider: _____

Emergency Contact (if we cannot reach you): Name _____

Individual must live in Bakersfield

Phone Number: _____ Relationship to Child: _____

IMPORTANT: YOU MUST ATTACH A COPY OF YOUR CHILD'S (BAPTISM OR BIRTH) CERTIFICATE TO THIS FORM (UNLESS BAPTIZED AT ST. FRANCIS) IN ORDER FOR YOUR CHILD TO BE PLACED IN CLASS.