

Saint Jane Frances de Chantal  
Ministry of Faith Formation  
Sacrament Preparation Registration Form

**PLEASE PRINT**

Candidate's Last Name:	Candidate's First Name:	Middle Initial:	(Circle One) Male    Female	Date of Birth:
Street Address:		Community:		
City:	State:	Zip	Home Phone	Cell Phone:
Current School Grade completed:	School Attending:	Special Interest and Talents:		
<b>Religious Education Information</b>	Last Grade of Religious Education:	Completed at:    Saint Jane Frances School: <input type="checkbox"/> Saint Jane Frances Religious Ed: <input type="checkbox"/> Other (List): _____ _____		
	Number of Years Completed:			
<b>Sacrament Information</b>				
Date of Baptism:	Complete Baptismal Name:	Godmother:	Godfather:	
Place of Baptism:	Address:	City:	State:	ZIP:
List any Sacraments that this child has received:				
Candidates must be registered members of Saint Jane Frances de Chantal – Is the family registered? Yes or No?    Envelope # _____ A parish census card <b>MUST</b> be completed for those families wishing to register at this time				

**All Registration forms MUST include a copy of the Baptismal Record if baptized elsewhere.**  
(Without a copy of the Baptismal Record your child will not be registered)

If your child was baptized at Saint Jane Frances please complete the following:    Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**\*\* PLEASE COMPLETE THE OTHER SIDE\*\***

**FAMILY INFORMATION**

<b>Father's Name:</b>	<b>Date of Birth:</b>	<b>Marital Status:</b>	<b>Religion:</b>	<b>Sacraments Received:</b> <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	
<b>Father's Place of Employment</b>		<b>Work number:</b> (include Area Code)	<b>Occupation:</b>		
<b>Mother's Name:</b>	<b>Date of Birth</b>	<b>Marital Status:</b>	<b>Religion</b>	<b>Sacraments Received:</b> <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	
<b>Maiden Name:</b>					
<b>Mother's Place of Employment</b>		<b>Work number:</b> (include Area Code)	<b>Occupation:</b>		
<b>Please list Biological Parents Information if different from above- For Verification of Baptismal Records and Recording of Sacrament Records Only</b>					
<b>Father's Name:</b>		<b>Mother's Name</b>		<b>Mother's Maiden Name:</b>	
<b>Guardian's Name:</b>	<b>Date of Birth</b>	<b>Marital Status:</b>	<b>Religion</b>	<b>Sacraments Received:</b> <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	
<b>Guardian's Place of Employment</b>		<b>Work number:</b> (include Area Code)	<b>Occupation:</b>		
<b>Additional Family Members – Optional</b>					
<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>
<b>If your child has any learning or physical disability, or if there are any special circumstances that we should know about, please list below:</b>					
_____					

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Sacrament Program Fee: \$60.00 includes retreat and student books.**

**All Payments must be received by September 1<sup>st</sup>.**

<b>For Office Use:</b>		
<b>Amount Paid:</b>	<b>Balance Due:</b>	