ST. FRANCIS OF ASSISI CATHOLIC CHURCH – COLUMBUS, OHIO



REGISTRATION FORM for RELIGION CLASSES for CHILDREN 2025 - 2026

amily Name							
Mother's Name (include maiden name)							
ather's Name							
Are you a registered parishioner of St. Francis of Assisi Church? Yes No							
Iome Address							
ity/ZipPrimary Phone							
mail address							
(Please print clearly. This will be our primary form of communication.)							

Child's Name	M/F	Age	Birth Date	Grade in School	School Attending
#1					
#2					
#3					
#4					

*SACRAMENTAL RECORDS INFORMATION

If your child was NOT baptized at St. Francis of Assisi Church OR if you are new to our parish/religious education program, please provide information as requested below and attach a copy of the Baptismal Certificate for each child.

If your child WAS baptized at our church, please indicate date.

First Communion

Date/Church (city/state)

Confirmation

Date/Church (city/state)

Baptism

Date/Church (city/state)

Child's Name

#1

#2									
#3									
SPE(SPECIAL Learning/Behavior Needs? Please explain so we may help your child.								
Any special personal needs? Restroom help? Please explain.									
Please list any allergies. We may have a snack!									

Please submit your completed form with payment of \$40/child to the Parish Office.

For credit card payments, please call the office – 614-299-5781

386 Buttles Avenue Columbus 43215

Checks may be made payable to St. Francis of Assisi Church.