

ADDITIONAL CHILD(REN) FORM

PLEASE PRINT ****FILL IN ALL BLANKS**** Attach a copy of each child's Baptismal Certificate*

Family name: _____ Family phone: _____

ADD'L CHILD #1-Name: _____ **Date of Birth** _____ **Address Same?** ___Y___N

Please check the SACRAMENTS your child has received:

Baptized CATHOLIC* / Date: _____
At St Francis? YES NO

Baptized NON-CATHOLIC* / Date: _____

Never Baptized.

Reconciliation / Date: _____

First Eucharist / Date: _____

Confirmation / Date: _____

***Attach copy of Baptismal Certificate if NOT at St Francis
If baptized at St. Francis, certificate is not necessary.**

Lives with (circle one) Both Parents / Mother / Father / Other

Allergies, medications, impairments or special conditions for this child * _____

*Does your child have an IEP or 504 plan? NO YES

If "Yes" please use the reverse side to explain thoroughly.

ADDL CHILD #1 _____ **GRADE:** _____

Please indicate 1st & 2nd choice

| | |
|--|--|
| Starts : Sept 4, 5 or 7, 2024 | Starts : Sept 10 or 11, 2024 |
| <input type="checkbox"/> Wed [A] 4:30-6:00pm Grades 1-8 | <input type="checkbox"/> Tues 4:30-6:00pm Grades 1-8 |
| <input type="checkbox"/> Thurs 4:30-6:00pm Grades 1-8 | <input type="checkbox"/> Wed [B] 4:30-6:00pm Grades 1-8 |
| <input type="checkbox"/> Sat 8:30-10:00am Grades 1-8 | <input type="checkbox"/> REMOTE ONLY Grades 1-8 |

Religious Ed Grade as of 9/1/24 _____

Name of SCHOOL attending 9/2024 _____

*Does your child have an Aide in school? NO YES

Are you able to volunteer as your child's Aide?
 NO YES

ADD'L CHILD #2-Name: _____ **Date of Birth** _____ **Address Same?** ___Y___N

Please check the SACRAMENTS your child has received:

Baptized CATHOLIC* / Date: _____
At St Francis? YES NO

Baptized NON-CATHOLIC* / Date: _____

Never Baptized.

Reconciliation / Date: _____

First Eucharist / Date: _____

Confirmation / Date: _____

***Attach copy of Baptismal Certificate if NOT at St Francis
If baptized at St. Francis, certificate is not necessary.**

Lives with (circle one) Both Parents / Mother / Father / Other

Allergies, medications, impairments or special conditions for this child? * _____

*Does your child have an IEP or 504 plan? NO YES

If "Yes" please use the reverse side to explain thoroughly.

ADDL CHILD #2 _____ **GRADE:** _____

Please indicate 1st & 2nd choice

| | |
|--|--|
| Starts : Sept 4, 5 or 7, 2024 | Starts : Sept 10 or 11, 2024 |
| <input type="checkbox"/> Wed [A] 4:30-6:00pm Grades 1-8 | <input type="checkbox"/> Tues 4:30-6:00pm Grades 1-8 |
| <input type="checkbox"/> Thurs 4:30-6:00pm Grades 1-8 | <input type="checkbox"/> Wed [B] 4:30-6:00pm Grades 1-8 |
| <input type="checkbox"/> Sat 8:30-10:00am Grades 1-8 | <input type="checkbox"/> REMOTE ONLY Grades 1-8 |

Religious Ed Grade as of 9/1/24 _____

Name of SCHOOL attending 9/2024 _____

*Does your child have an Aide in school? NO YES

Are you able to volunteer as your child's Aide?
 NO YES