



Saint Francis Catholic

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TEL: (860) 224-2411 • WWW.SAINTFRANCISCATHOLIC.ORG

FAITH FORMATION STUDENT INFO FORM

2024-2025

STUDENT:

Student first and last name: _____

Student address: _____

Phone Number: _____

Date of Birth: _____

Date and Location of Baptism: (please submit a photo copy of the certificate from that church)

OR

Does your child need Baptism? If yes, please indicate that here so we can plan that for your student.

FULL Date and Location of First Communion: _____

OR

Is your child older than 2nd grade and still need Reconciliation & First Communion? Yes ___ No ___

Church of Membership: _____

***Required for Church Records and Sacraments**

Name of Birth Father: _____

Birth Mother **Maiden** Name: _____

Parent or Guardian Name(s) if different from above: _____

Parent address if Different than Student: _____

Email address AND cell phone numbers for BOTH parents or guardians:
