

St. Francis by the Sea - Religious Education Registration 2026-2027

45 Beach City Road, Hilton Head Island, SC 29926

Family Last Name: _____ Date: _____

Father: _____ Father's E-mail: _____

Mother: _____ Mother's E-mail: _____

Mother's Maiden: _____ **Emergency Contact Name:** _____

Primary Phone: _____ Emergency Contact Phone: _____

Home Address: _____

City, State, Postal: _____

Father's Cell: _____ Father's Religion: _____

Mother's Cell: _____ Mother's Religion: _____

Student Name: _____ **Catholic?** Yes / No

Gender: Male / Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc.):

Did you attend during the 25-26 **Yes / No**

Student Name: _____ **Catholic?** Yes / No

Gender: Male / Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc.):

Did you attend during the 25-26 **Yes / No**

IMPORTANT NOTE: If any of your children have been baptized, please bring a copy of their Baptismal Certificate for our records. If applicable, please also bring a copy of their First Communion Certificate.

Tuition DUE: \$ _____

Tuition PAID: \$ _____

Signature: _____

Student Name: _____ **Catholic?** Yes / No

Gender: Male / Female

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