



North Clark County Catholic
St. Francis Xavier Catholic Church



101 N. Ferguson Street, Henryville, IN 47126 ☐ (812) 256-3200

Family Name & Address

How would you like your mail addressed?

Title(s) First Name(s) Last Name(s)

Home Address: _____

Street Address City, State Zip Code

Primary Member (Head of Household)

This will be our primary contact for your family.

Title First Name Last Name

Home Phone # Cell Phone #

Email Address Date of Birth (MM/DD/YEAR)

Occupation Employer

Catholic: Yes ___ No ___ Baptized: Yes ___ No ___ Confirmed: Yes ___ No ___ First Eucharist: Yes ___ No ___

Marital Status

- Single Church Marriage Civil Marriage Living Together Remarried
- Divorced Separated Widowed Other _____

Family Information

Total # of Adults registering in this family: _____ Total # of Children registering in this family: _____

Do you have children that attend St. Michael Pre-School or Daycare? Yes ___ No ___

Do you have children that attend St. John Paul II School or Daycare? Yes ___ No ___

Do you have children that attend Providence High School? Yes ___ No ___

Will you be enrolling any children in St. Francis Xavier Religious Education (Sunday School)? Yes ___ No ___

Office Use Only

Date Registration Form Received: _____ Family #: _____ Pictures: _____

Bulletin: _____ Criterion & UCA: _____ Welcoming Committee: _____

Child Members

Please list children (18 years and under) below. Use additional pages as needed.

Child's First Name

Child's Last Name

Male ___ Female ___ Date of Birth (Month/Day/Year): _____

Country of Birth

Place of Birth (City, State)

Does child live in the home with the Head of Household? Yes ___ No ___

Catholic: Yes ___ No ___

Baptized: Yes ___ No ___ Date: _____ Parish: _____ City, State: _____

Confirmed: Yes ___ No ___ Date: _____ Parish: _____ City, State: _____

First Eucharist: Yes ___ No ___ Date: _____ Parish: _____ City, State: _____

Name of Child's Father

Name of Child's Mother

What school does child attend? _____ Current Grade Level: _____

Will child enroll in St. Francis Xavier Religious Education (Sunday School)? Yes ___ No ___

Child's First Name

Child's Last Name

Male ___ Female ___ Date of Birth (Month/Day/Year): _____

Country of Birth

Place of Birth (City, State)

Does child live in the home with the Head of Household? Yes ___ No ___

Catholic: Yes ___ No ___

Baptized: Yes ___ No ___ Date: _____ Parish: _____ City, State: _____

Confirmed: Yes ___ No ___ Date: _____ Parish: _____ City, State: _____

First Eucharist: Yes ___ No ___ Date: _____ Parish: _____ City, State: _____

Name of Child's Father

Name of Child's Mother

What school does child attend? _____ Current Grade Level: _____

Will child enroll in St. Francis Xavier Religious Education (Sunday School)? Yes ___ No ___