

FAITH FORMATION AT ST. FRANCIS OF ASSISI PARISH

2020-2021 Program Registration
Grades K-4

9 St. Francis Way, Litchfield NH 03052
(603) 424-3456 | www.stfrancisofassisi.net

CONTACT INFORMATION

Father's Name: _____ Home Phone: _____ Cell: _____
First Last

Mother's Name: _____ Home Phone: _____ Cell: _____
First Maiden Last

Mailing Address: _____

Email Address: _____
Please include an email address that you use regularly, and check your spam folder often.

Are you registered at St. Francis of Assisi Parish? Yes No (You MUST register in order to enroll)

Emergency Contact Information (person to be contacted if parent/guardian cannot be reached):

Full Name: _____ Home Phone: _____ Cell: _____

REGISTRATION FEES

\$100 per family

\$40 additional fee for EACH child receiving the Sacrament of First Reconciliation, Communion & Confirmation
Payment due upon registration. Please make all checks payable to St. Francis of Assisi Parish.

PHOTOGRAPH PERMISSION

Photographs are sometimes taken during faith formation sessions and events. They are displayed publicly; e.g., on our parish website, in the newspaper, in a brochure, on bulletin boards, etc. and used to keep the community aware and informed of parish events and activities.

If you do NOT want images taken and used as described, please send a written notice to that effect to the parish Faith Formation Coordinator at the address on the heading of this form.

PARENT/GUARDIAN SIGNATURE

My signature below indicates that, to the best of my knowledge, the information on this form is accurate and true. It also indicates that I have received a copy of the 2020-2021 calendar of classes and family events.

Signature of Parent/Legal Guardian: _____ Date: _____

Please turn over. Form continues on back of sheet. →

STUDENT #1

First Name: _____ Last Name: _____

Date of Birth: _____ Male Female Grade as of 9/1/20: _____

Allergies/Special Needs: _____

Is your child baptized?

- Yes, at St. Francis (Date: _____)
- Yes, at another parish (please attach a copy of baptismal certificate)
- No

Which of the following Sacraments has your child received? (Check all that apply)

- First Reconciliation (Date & Parish: _____)
- First Communion (Date & Parish: _____)
- Confirmation (Date & Parish: _____)

STUDENT #2

First Name: _____ Last Name: _____

Date of Birth: _____ Male Female Grade as of 9/1/20: _____

Allergies/Special Needs: _____

Is your child baptized?

- Yes, at St. Francis (Date: _____)
- Yes, at another parish (please attach a copy of baptismal certificate)
- No

Which of the following Sacraments has your child received? (Check all that apply)

- First Reconciliation (Date & Parish: _____)
- First Communion (Date & Parish: _____)
- Confirmation (Date & Parish: _____)

STUDENT #3

First Name: _____ Last Name: _____

Date of Birth: _____ Male Female Grade as of 9/1/20: _____

Allergies/Special Needs: _____

Is your child baptized?

- Yes, at St. Francis (Date: _____)
- Yes, at another parish (please attach a copy of baptismal certificate)
- No

Which of the following Sacraments has your child received? (Check all that apply)

- First Reconciliation (Date & Parish: _____)
- First Communion (Date & Parish: _____)
- Confirmation (Date & Parish: _____)

Office Use Only Date Paid: _____ Cash/Check #: _____ Amount: _____ Initials: _____