

Date _____
Amt _____
Ck# _____
Int. _____

MT. HOPE CATHOLIC COMMUNITY 2024– 2025
ST. FRANCIS OF ASSISI/ST. DOMINIC
NEW REGISTRATION FORM GRADES 1-9

Welcome to our new registration for your families Faith Formation and Sacramental Prep. Your family is important to us and we prayerfully support you in leading your child/children in a deeper relationship with Jesus and His Church.

Fee: \$35.00 for 1 student, \$65.00 for 2 or more students.

Newly enrolled students need a copy of their Baptismal Certificate for registration, if not baptized at St. Francis or St. Dominic's

LIST STUDENTS ATTENDING FAITH FORMATION GRADES 1-9

| Students Name | D.O.B. | Grade Entering |
|---------------------------------|--------|----------------|
| 1. _____ | _____ | _____ |
| Church of Baptismal _____ | | Date _____ |
| Church of First Communion _____ | | Date _____ |

| Students Name | D.O.B. | Grade Entering |
|---------------------------------|--------|----------------|
| 2. _____ | _____ | _____ |
| Church of Baptismal _____ | | Date _____ |
| Church of First Communion _____ | | Date _____ |

| Students Name | D.O.B. | Grade Entering |
|---------------------------------|--------|----------------|
| 3. _____ | _____ | _____ |
| Church of Baptismal _____ | | Date _____ |
| Church of First Communion _____ | | Date _____ |

| Students Name | D.O.B. | Grade Entering |
|---------------------------------|--------|----------------|
| 4. _____ | _____ | _____ |
| Church of Baptismal _____ | | Date _____ |
| Church of First Communion _____ | | Date _____ |

WE NEED TO KNOW ANY ADDITIONAL INFORMATION ON ANY STUDENT LISTED ABOVE SUCH AS: ALLERGIC REACTIONS, SPECIAL NEEDS OR FOOD ALLERGIES: REMEMBER TO LIST CHILD'S NAME:

CHURCH YOU ARE REGISTERED AT: _____

FATHER'S NAME _____
STREET _____
CITY _____
PHONE/CELL _____
RELIGION _____

MOTHER'S MAIDEN NAME _____
STREET _____
CITY _____
PHONE /CELL _____
RELIGION _____

E-MAIL ADDRESS (NEEDED FOR IMPORTANT MESSAGES AND UPDATES)

LIST A DIFFERENT RELATIVE/FRIEND IF NEEDED, IN CASE OF AN EMERGENCY
NAME _____ PHONE _____
RELATIONSHIP _____

REGISTRATION FEE \$35.00 FOR 1 STUDENT, \$65.00 FOR 2 OR MORE STUDENTS

Make the check payable to **RELIGIOUS EDUCATION** and enclose with the completed Registration Form.

HELP IN FAITH FORMATION

If you are interested in helping in our Faith Formation Program either as a Teacher, Teacher Assistant, or Office Help, please list your name and phone number and we will contact you. Your help is always appreciated.

Name: _____ Tel.# _____

PARENTAL CONSENT IS NEEDED FOR PHOTOGRAPHY TAKEN DURING OUR CONFIRMATION PROGRAM. _____

**FORWARD ALL FORMS TO MT. HOPE CATHOLIC COMMUNITY
270 OCEAN GROVE AVENUE / SWANSEA, MA. 02777**

