



Mt. Hope Catholic Community: St. Dominic's, Swansea, MA
FAITH FORMATION (CCD) REGISTRATION FORM

Please fill in the following information and return to Church by **September 19th** with your registration fee (\$35.00 per child; no more than \$65 per family of 2 or more.) *Please call the rectory if there is a financial hardship.* You will need to fill in **one form for each child** to be enrolled. Return forms with your registration fee by mail or place in the box at the back of the Church. Please be sure the envelope is sealed. Thank you.

CHILD'S NAME _____

Date of Birth: ____/____/____ **School & Grade Entering the Fall:** _____

Family Name: _____ **Street Address:** _____

City, State, Zip Code: _____

Family Phone #: _____

Father/Guardian Name: _____ **Religion:** _____

Father's phone: _____ **Father's email:** _____

Mother/Guardian Name _____ **Maiden Name** _____

Mother's Phone: _____ **Mother's email:** _____

***Please be sure to fill in Mother's Maiden Name (this is important for Sacramental Records)

STUDENT INFORMATION

BAPTISM: _____

Date	Church	City & State
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SPECIAL NEEDS or ILLNESS: Yes ___ No ___ **Please describe & include any allergies or other issues we need to be aware of:** _____

Are you currently enrolled as parishioners of: St. Dominic's or St. Francis Parish: Yes ___ No ___

(Students enrolled in our Faith Formation Program must be registered in either St. Dominic or St. Francis Parish.

If you are registering from another parish, you must provide a letter from the pastor of your parish citing the reason for the need to attend The Mt. Hope Catholic Community Faith Formation Program.)

Emergency Contact Name: _____

Relationship to child: _____ **Phone:** _____

Signing signifies an understanding & acceptance of the Policies & Expectations of our program.

Parent Signature: _____ **Date:** ____/____/____

FOR OFFICE USE:

Date Paid: _____ **Amount:** _____ **Check #:** _____ **Cash:** _____