

St. Patrick Church Faith Formation

34 Amherst St., Milford, NH 03055

Ph. 673-4797 – Fax: 673-3687 E-mail: re@saintpatrickmilfordnh.org – Website: www.saintpatrickmilfordnh.org

2018-2019 Registration for ALL grades.

REGISTER EARLY FOR BEST CHOICE OF CLASS DAY & TIME

*Tuition: *\$75/one; *\$150/two or more*

Fee MUST accompany this form. Please make checks payable to **St. Patrick Church**

Last Name _____ Ph. _____ Dad cell _____ Mom cell _____

Address _____ Town _____ ZIP _____

E-Mail Address: _____ (Please write very clearly!)

Do we have your permission to share this email address with teachers? _____ Yes _____ No

Father's Name _____ Mother's Name _____ (maiden name) _____

Please make sure that you are registered with the parish before enrolling in Faith Formation. If you are not sure please call the office at 673-1311.

Gr. 1 through 5 Tuesday 4:30PM - 5:30PM

Gr. 6 through 12 Sunday 6PM - 7:30PM

Gr. 1 through 5 Wednesday 4:30PM - 5:30PM

Home School Gr. 4 through 8 (4 meetings require)

Sacramental Program - (Reconciliation, Confirmation, First Communion) Two year Faith Formation preparation required before entering into Sacramental immediate prep.

Children's Names	Gender	Date of	School &	if Rec'd	if Rec'd	if Rec'd	if Rec'd	Choice of Day/Time
First and Middle	M/F	Birth	Grade in 2018-19	Baptism	Reconciliation	Eucharist	Confirmation	(Contingent on availability)

ADULT OPPORTUNITY: Check as many as desired

Teacher ___ Co-Teach ___ Assistant ___ Hall Monitor ___ Child Care (During 10:45 Mass)___ (During class)___
 Youth Ministry Planning ___ One Time Projects ___ Adult Choir ___ Coffee and Donuts ___

STUDENT OPPORTUNITIES: Would your child/teen be interested in the following activities.

Check as many as desired: Classroom Assistant ___ VBS Assistant ___ Altar Server ___
 Greeter at Mass ___ Children's Choir ___ YM Planning Team (Gr. 9 - 12) ___

YOU MUST FILL OUT THE REVERSE SIDE - SIGNATURE is required OVER 

Special Needs

Please list any special circumstances (physical, medical etc.) that the catechist should know about when working with your child. Please specify which child the circumstances apply. Information is for our office and the catechists' only, confidentiality will be kept.

Medical Forms

If your child needs an epi-pen, inhaler or other medical aid on hand during a session or event, please speak with the Faith Formation Leader. A special form will need to be filled out. Form rec'd _____

Emergency Contact Information – List name & phone number of someone other than yourselves in case of an emergency while your child is at St. Patrick's in the event that you cannot be reached:

Name: (*NOT* your own name but a relative or friend) _____

Ph. No. _____ Cell No. _____

Photograph Permission: Photos may be taken to display our church activities on church/classroom bulletin boards or on the church website. THEIR NAMES ARE NEVER DISPLAYED. If you do not want your child's picture taken please send a written notice to St. Patrick Church, Attention Faith Formation, 34 Amherst St., Milford, N.H. 03055.

Circles of Care Personal Safety Training Program: This class is given each year. *If you wish to know more about the program and/or wish to decline please contact the Faith Formation office and sign a Declination Form before classes begin otherwise your child will be instructed.*

General Information

My signature below indicates that to the best of my knowledge, the information on this form is accurate.

Signature of parent or legal guardian

Date

The first day of class you will receive a copy of the Parent Handbook, School Calendar and Lesson Plan.

Classes Begin
Grades 1 through 5 – Sept. 18 and 19
Grades 6 through 10 – Oct. 7
Grades 11 and 12 – Oct. 7

**PLEASE NOTE: No one will be denied Religious Education due to lack of funds. Please contact the office if you need assistance: 673-4797 or re@saintpatrickmilfordnh.org*

For Office Use Only

Paid _____	Check # _____	Date Received _____	Initial _____
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