

*St. Joseph Parish*

200 Pleasant Street  
PO Box 337  
Epping, NH 03042  
603-679-8805 ext. 203  
saintjosephccd@comcast.net

***Faith Formation Registration 2019-2020  
Levels 1-5***

It's time to register your child for the 2019-2020 Faith Formation year. Our goal is to work together with families to educate our children in the faith. To enroll your child in the Faith Formation Program you must be a registered member of the parish.

Faith Formation Registration Family Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's First Name + Maiden Name \_\_\_\_\_ Family email \_\_\_\_\_

Mailing Address \_\_\_\_\_ (Street City State Zip)

Father's Cell Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

***Please list each child you wish to register:***

First Name and Last Name if family name is not the same	Birth Date ( M / D / Y )	Place of Birth	First Penance	Confirmation	First Communion	Grade & School

***If your child/children are entering our Faith Formation program for the first time we must have a recently issued Baptismal Certificate (no more than six months old) for each child.***

If they have been baptized at St. Joseph in Epping please check here ( ). If they were not baptized at St. Joseph in Epping, where they baptized? \_\_\_\_\_

The registration fee is \$75 and not to exceed \$160 per family. Please call the office (603-679-8805 ext. 203) if you have financial concerns, for no child is denied a religious education due to money constraints. ***Checks should be made payable to: St. Joseph Parish.***

**Registrations and payment are due by August 16<sup>th</sup> in order to have the necessary materials ready for the first class on September 15<sup>th</sup>.**

**WOULD YOU BE WILLING TO Co-Teach or serve as a classroom aid?    YES    NO    MAYBE**

**Please circle the program time of interest for each child you are registering.**

	<b>Sunday</b>	<b>Child's First Name</b>
Level 1	9:15-10:15	_____
Level 2	9:15-10:15	_____
Level 3	9:15-10:15	_____
Level 4	11:45-12:45	_____
Level 5	11:45-12:45	_____

Please list any special circumstances which the catechist should know when working with a specific family member. Please be sure to identify the family member(s) to which the circumstances apply.

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**Emergency Contact Information:** List the phone number best to use if we need to contact you during a Faith Formation session, event or activity: \_\_\_\_\_

If we are unable to reach you in an emergency, whom should we contact instead?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please list individuals other than parents who are authorized to pick up your child.

Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

**Photograph Permission:** Photographs are sometimes taken during faith formation sessions and events. They are displayed publicly; e.g., on 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 Faith Formation Office at the address on the heading of this form.

Your signature below indicates that to the best of your knowledge the information on this form is accurate and true.

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Date and signature of parent or legal guardian