

St. Katharine Drexel Parish

PO Box 180 Wolfeboro, New Hampshire 03894
603-875-2548

Faith Formation Registration Form 2019-2020 Grades 1-8

Registration Fee: \$50 per family
Catechists and Assistant Catechists do not have a registration fee.

Faith Formation Registration

Family Name _____ (Office use: Date Received _____)

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 _____

Family Information

Please include your **child's program grade**, indicate Yes or No if your child has celebrated Sacraments

| First Name and Last Name if family name is not the same | Birth Date (M / D / Y) | Baptism Yes/No | First Penance Yes/No | First Eucharist Yes/No | Confirmation Yes/No | Child Program Grade | |
|---|------------------------|----------------|----------------------|------------------------|---------------------|---------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.

Medical Forms

If your child needs an epi-pen, inhaler or other medical equipment on hand during a session or event, please speak with the catechetical leader, Gertrude Hammond.

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 _____

Photograph Permission

Photographs are sometimes taken during faith formation sessions and events. They are displayed publically; 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 parish Catechetical Leader at the address on the heading of this form.

General Information

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

Signature of parent or legal guardian

Date

I am interested in volunteering as a catechist or assistant catechist for grade _____

Name _____ Phone _____

Email _____

If you commit to being a catechist there is no fee. Please check the website for session dates and details.