St. Edward Faith Formation Program

(Kindergarten-10th Grade) 2026-2027

☐ **My Child will attend Sundays at 10:20**

☐ **If offered, I am interested in my child attending Wednesdays evenings**

Please fill out a **separate** registration form for each student. **Print clearly**.

Student First Name: _____ Last Name: _____

Date of Birth: _____ Grade in Fall 2026: _____

Parents: Father's Name: _____

Mother's Name: _____

Student Home Street Address: _____

Town: _____, CT Zip Code: _____

Mother's Phone: _____ Father's Phone: _____

Parent Email: _____

NEW STUDENTS ONLY: Baptism: Name of Church, City, State and Date: _____

_____

First Holy Communion: Name of Church, City, State and Date: _____

_____

Baptismal and First Communion Information and a copy of your child's baptismal certificate are required.

Please list your child's allergies: _____

Tell us anything that would be helpful to know about your child (include physical disabilities, glasses, hearing aides, etc.)_____

Names of persons other than parents with permission to pick child up after class: _____

_____

Parent/Legal Guardian: I,(print) _____, am the parent or legal guardian of the child listed on this form. He/She has my permission to attend religious education classes at St. Edward the Confessor Church.

Parent/Legal Guardian signature: _____Date: _____

Registration Information: Cost: One child is $50, 2 or more children is $100. Please make checks payable to St. Edward Church. **Tuition is waived for children of religious education volunteer teachers**. **Registration forms are due by August 22, 2026.** Please put your completed form & check in an envelope and place it in the Mass collection basket, drop it off at the Church office or mail it to the church: St. Edward the Confessor, 27 Church St., Stafford Springs, CT 06076. Questions: call 860/684-2705 or email: stedfaithform@gmail.com revision 8/1/2026