

# FAITH FORMATION AT ST. FRANCIS OF ASSISI PARISH

2024-2025 Program Registration  
Grades 1-3

9 St. Francis Way, Litchfield NH 03052  
(603) 424-3456 | [www.stfrancisofassisi.net](http://www.stfrancisofassisi.net)

## CONTACT INFORMATION

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
First \_\_\_\_\_ Maiden \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*Please include an email address that you use regularly, and check your spam folder often.*

Are you registered at St. Francis of Assisi Parish?  Yes  No (You MUST be registered in order to enroll)

## **Emergency Contact Information (person to be contacted if parent/guardian cannot be reached):**

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## REGISTRATION FEES & ATTENDENCE

\$150 per family

\$50 additional fee for EACH child receiving the Sacrament of First Reconciliation, Communion & Confirmation

*Payment due upon registration. Please make all checks payable to St. Francis of Assisi Parish.*

**Registration Deadline: September 30, 2024**

**No more than 3 classes/Teachings may be missed during the academic year (We offer 6 Teachings and 12 classes. Students must attend 15 in total).**

## PHOTOGRAPH PERMISSION

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

## PARENT/GUARDIAN SIGNATURE

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

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Please turn over. Form continues on back. →*

**STUDENT #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female Grade as of 9/1/24: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

Is your child baptized?

- Yes, at St. Francis (Date: \_\_\_\_\_)
- Yes, at another parish (please attach a copy of baptismal certificate)
- No

Which of the following Sacraments has your child received? (Check all that apply)

- First Reconciliation (Date & Parish: \_\_\_\_\_)
- First Communion (Date & Parish: \_\_\_\_\_)
- Confirmation (Date & Parish: \_\_\_\_\_)

**STUDENT #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female Grade as of 9/1/24: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

Is your child baptized?

- Yes, at St. Francis (Date: \_\_\_\_\_)
- Yes, at another parish (please attach a copy of baptismal certificate)
- No

Which of the following Sacraments has your child received? (Check all that apply)

- First Reconciliation (Date & Parish: \_\_\_\_\_)
- First Communion (Date & Parish: \_\_\_\_\_)
- Confirmation (Date & Parish: \_\_\_\_\_)

**STUDENT #3**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female Grade as of 9/1/24: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

Is your child baptized?

- Yes, at St. Francis (Date: \_\_\_\_\_)
- Yes, at another parish (please attach a copy of baptismal certificate)
- No

Which of the following Sacraments has your child received? (Check all that apply)

- First Reconciliation (Date & Parish: \_\_\_\_\_)
- First Communion (Date & Parish: \_\_\_\_\_)
- Confirmation (Date & Parish: \_\_\_\_\_)

Office Use Only Date Paid: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_