

FAITH FORMATION AT ST. FRANCIS OF ASSISI PARISH

2026-2027 Program Registration
Grades 1-3

9 St. Francis Way, Litchfield NH 03052
(603) 424-3456 | 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

\$160 per family

\$60 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 20th, 2026

No more than 3 Classes/Teachings may be missed during the academic year

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 of sheet. →

STUDENT #1

First Name: _____ Last Name: _____

Date of Birth: _____ ☐ Male ☐ Female Grade as of 9/1/26: _____

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 9/1/26: _____

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 9/1/26: _____

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: _____