

# St. Katharine Drexel Parish

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

## **Faith Formation Registration Form 2026-2027**

Registration Fee: \$75 per family  
*Catechists and Assistant Catechists do not have a registration fee.*

### Faith Formation Registration

Family Name \_\_\_\_\_ EMAIL: \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

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	Confirmation Yes/No	First Eucharist Yes/No	Child Program Grade Pre K -HS	Child participated 2025-2026 Yes/No

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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**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  
[Gertrude.hammond@stkdxel.org](mailto:Gertrude.hammond@stkdxel.org)

**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 \_\_\_\_\_ Best Phone Number \_\_\_\_\_

**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 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.

Need additional information? Please contact Gertrude Hammond  
[Gertrude.hammond@stkdxel.org](mailto:Gertrude.hammond@stkdxel.org)