

Int. \_\_\_\_\_

## NEW REGISTRATION FORM GRADES 1-9

**Welcome to our new registration for your families Faith Formation and Sacramental Prep. Your family is important to us, and we prayerfully support you in leading your child/children in a deeper relationship with Jesus and His Church.**

**Fee: \$35.00 for 1 student, \$65.00 for 2 or more students.**

**Newly enrolled students need a copy of their Baptismal Certificate for registration, if not baptized at St. Francis or St. Dominic's**

**LIST STUDENTS ATTENDING FAITH FORMATION GRADES 1-9**

Students Name	D.O.B.	Grade Entering
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1. \_\_\_\_\_

Church of Baptism\_\_\_\_\_ Date\_\_\_\_\_

Church of First Communion\_\_\_\_\_ Date\_\_\_\_\_

Students Name	D.O.B.	Grade Entering
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2. \_\_\_\_\_

Church of Baptism\_\_\_\_\_Date\_\_\_\_\_

Church of First Communion\_\_\_\_\_ Date\_\_\_\_\_

Students Name	D.O.B.	Grade Entering
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Church of Baptism \_\_\_\_\_ Date \_\_\_\_\_

Church of First Communion \_\_\_\_\_ Date \_\_\_\_\_

Students Name	D.O.B.	Grade Entering
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4.

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Church of Baptism
Date

Church of First Communion \_\_\_\_\_ Date \_\_\_\_\_

WE NEED TO KNOW ANY ADDITIONAL INFORMATION ON ANY STUDENT LISTED ABOVE SUCH AS: ALLERGIC REACTIONS, SPECIAL NEEDS OR FOOD ALLERGIES: REMEMBER TO LIST CHILD'S NAME:

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CHURCH YOU ARE REGISTERED AT: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_  
PHONE/CELL \_\_\_\_\_  
RELIGION \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_  
PHONE /CELL \_\_\_\_\_  
RELIGION \_\_\_\_\_

\*E-MAIL ADDRESS (NEEDED FOR IMPORTANT MESSAGES AND UPDATES)\*\*

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LIST A DIFFERENT RELATIVE/FRIEND IF NEEDED, IN THE CASE OF AN EMERGENCY

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

**REGISTRATION FEE \$35.00 FOR 1 STUDENT, \$65.00 FOR 2 OR MORE STUDENTS**

Make the check payable to **RELIGIOUS EDUCATION** and enclose with the completed Registration Form.

### **HELP IN FAITH FORMATION**

If you are interested in helping in our Faith Formation Program either as a Teacher, Teacher Assistant, or Office Help, please list your name and phone number and we will contact you. Your help is always appreciated.

Name: \_\_\_\_\_ Tel.# \_\_\_\_\_

PARENTAL CONSENT IS NEEDED FOR PHOTOGRAPHY TAKEN DURING OUR CONFIRMATION PROGRAM. \_\_\_\_\_

**FORWARD ALL FORMS TO MT. HOPE CATHOLIC COMMUNITY  
270 OCEAN GROVE AVENUE / SWANSEA, MA. 02777**

