St. Gabriel the Archangel Parish
Office of Faith Formation
6 Cottage Street, Haverhill, MA 01830
Phone: 978-372-8537 x207
Email: stgabrielfaithformation@yahoo.com

2026-2027 Faith Formation Registration

FAMILY INFORMATION

Family Last Name_____

Father's Name_____Religion_____

Mother's Name_____ Maiden Name_____ Religion_____

Address_____ City_____ State_____ Zip Code_____

Home Phone_____ Father's Cell #_____ Mother's Cell#_____

Father's Email_____ Mother's Email_____

Emergency Contact Person_____ Phone_____

If any of your children were baptized outside of this parish, and you have not already provided us with a copy of each child's baptismal certificate, you will need to provide a copy for our files.

Tuition Rates: 1 Child: $50 2 Children: $75 3 or more Children: $100 Confirmation Fee: $50

Tuition Due_____Tuition Paid_____Cash/Check #_____Date Received_____ Posted Y/N

PLEASE COMPLETE A "CHILD INFORMATION SECTION" FOR EACH OF YOUR CHILDREN.

CHILD #1

Name_____ Date of Birth_____
MM/DD/YYYY

School_____ _____Grade_____

Baptism (Church, City, Date) _____

First Penance (Church, City, Date) _____

First Eucharist (Communion) (Church, City, Date) _____

Special Needs: (Medical, Learning Disabilities, Physical Disabilities, etc.)_____

_____

CHILD #2

Name_____ Date of Birth_____
MM/DD/YYYY

School_____ _____Grade_____

Baptism (Church, City, Date) _____

First Penance (Church, City, Date) _____

First Eucharist (Communion) (Church, City, Date) _____

Special Needs: (Medical, Learning Disabilities, Physical Disabilities, etc.)

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CHILD #3

Name_____ Date of Birth_____
MM/DD/YYYY

School_____ _____Grade_____

Baptism (Church, City, Date) _____

First Penance (Church, City, Date) _____

First Eucharist (Communion) (Church, City, Date) _____

Special Needs: (Medical, Learning Disabilities, Physical Disabilities, etc.)

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CHILD #4

Name_____ Date of Birth_____
MM/DD/YYYY

School_____ _____Grade_____

Baptism (Church, City, Date) _____

First Penance (Church, City, Date) _____

First Eucharist (Communion) (Church, City, Date) _____

Special Needs: (Medical, Learning Disabilities, Physical Disabilities, etc.)

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