



Saint Joseph Cathedral
 145 Lowell Street
 Manchester, New Hampshire 03104-6135
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Faith Formation Registration

Family Name _____ (Office use: Date Received _____)

Father's Name _____ Home Phone _____

Mother's First Name _____
 + Maiden Name _____ Family email: _____

Mailing Address _____
 _____ Street _____ City _____ State _____ Zip _____

Father's Cell Phone _____ Mother's Cell Phone _____

Family Information

First Name and Last Name if family name is not the same	Birth Date (M / D / Y)	Baptism	First Penance	First Communion	Confirmation	School & Grade

Fees:

- Fees are \$40 for the first child, \$20 for each additional child with \$100 maximum per family payable at registration.
- There is an additional \$30 retreat fee for high school students, payable at registration.
- **Registration forms and fees are due August 17, 2017**

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.

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.

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 _____

Phone Number _____

Cell Phone _____

Photograph Permission

Photographs are sometimes taken during faith formation sessions and events. They are displayed publically; 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. It also indicates that I have received a copy of the procedures for starting and ending times, drop off and pick up locations, and the Emergency Plan for faith formation events and activities.

Signature of parent or legal guardian

Date