

St. Patrick Church Life-Long Faith Formation

34 Amherst St., Milford, NH 03055

Ph. 673-4797 – Fax: 673-3687 E-mail: re@saintpatrickmilfordnh.org – Website: www.saintpatrickmilfordnh.org

2020-2021 Registration for grades K through 12

Tuition: *\$75/one; *\$150/two or more

Fee MUST accompany this form. Please make checks payable to **St. Patrick Church**

Last Name _____ Ph. _____ Dad cell _____ Mom cell _____

Address _____ Town _____ ZIP _____

E-Mail Address: _____ (Please write very clearly!)

Do we have your permission to share this email address with teachers? _____ Yes _____ No

Father's Name _____ Mother's Name _____ (maiden name) _____

Please make sure you are registered with the parish before enrolling in Faith Formation. If you are not sure please call the office at 673-1311.

Family Faith Formation (Choose one)

Sunday Evening Youth Ministry 6PM – 7:30PM

Gr. K-6 Tuesday 4:30PM – 6:00PM (monthly) - Zoom

Gr. 6-12 meet two Sundays per month - Zoom

Gr. K-6 Wednesday 6:00PM – 7:30PM (monthly) - Zoom

SEE REVERSE SIDE FOR ALL ORIENTATION MEETINGS

Sacramental Ministries - (Reconciliation, Confirmation, First Communion) Two-year Faith Formation preparation required before entering into Sacramental immediate prep.

Children's Names	Gender	Date of	School &	if Rec'd	if Rec'd	if Rec'd	if Rec'd	Choice of Day/Time
First and Middle	M/F	Birth	Grade in 2020-21	Baptism	Reconciliation	Eucharist	Confirmation	(Contingent on availability)

ADULT OPPORTUNITY: Check as many as desired

Teacher ___ Assistant ___ Hall Monitor ___ Child Care ___ Adult Education ___ Lector ___ Usher ___
Office Assistant ___ One Time Projects ___ Adult Choir ___ Coffee and Donuts ___ Greeter ___

STUDENT OPPORTUNITIES: Check as many as desired

Classroom Assistant ___ VBS ___ Christmas Play ___ Altar Server ___ Stations of the Cross Play ___
Children's Choir ___ (Christmas and/or Easter) Greeter ___ Eucharistic Minister ___
YM Planning Team (Gr. 9 – 12) ___ Summer Mission Trip (Sr. High) ___ Steubenville East (Sr. High) ___

YOU MUST FILL OUT THE REVERSE SIDE - SIGNATURE is required OVER 

Special Needs

Please list any special circumstances (physical, medical etc.) that the catechist should know about when working with your child. Please specify which child the circumstances apply. Information is for our office and the catechists' only; confidentiality will be kept.

Medical Forms

If your child needs an epi-pen, inhaler or other medical aid on hand during a session or event, please speak with the Faith Formation Leader. A special form will need to be filled out. Form rec'd _____

Emergency Contact Information – List name & phone number of someone other than yourselves in case of an emergency while your child is at St. Patrick's in the event that you cannot be reached:

Name: *(NOT your own name but a relative or friend)* _____

Ph. No. _____ Cell No. _____

Photograph Permission: Photos may be taken to display our church activities on church/classroom bulletin boards or on the church website. THEIR NAMES ARE NEVER DISPLAYED. If you do not want your child's picture taken please send a written notice to St. Patrick Church, Attention Faith Formation, 34 Amherst St., Milford, N.H. 03055.

Circles of Care Personal Safety Training Program: This class is given each year. *If you wish to know more about the program and/or wish to decline please contact the Faith Formation office and sign a Declination Form before classes begin otherwise your child will be instructed.*

General Information

My signature below indicates that to the best of my knowledge, the information on this form is accurate.

Signature of parent or legal guardian

Date

Parent/Child/Teen Orientation Meetings with COVID-19 RESTRICTIONS

Family Faith Formation School Year Program – Parent/Child - Sept. 15th @4:30PM to 6:00PM or Sept. 16th @6:00PM to 7:30PM - using ZOOM

Sunday Gr. 6 – 12 Parent/Teen - Sept. 20th @6:00PM to 7:30PM – using ZOOM

**PLEASE NOTE: No one will be denied Religious Education due to lack of funds. Please contact the office if you need assistance: 673-4797 or re@saintpatrickmilfordnh.org*

For Office Use Only

Paid _____	Check # _____	Date Received _____	Initial _____
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