

**St. Joseph Parish**  
200 Pleasant Street  
PO Box 337  
Epping, NH 03042  
603-679-8805 ext. 203  
saintjosephccd@comcast.net

**Faith Formation Registration 2020-2021**  
**Levels 1-5**

It's time to register your child for the 2020-2021 Faith Formation year. Our goal is to work together with families to educate our children in the faith. To enroll your child in the Faith Formation Program you must be a registered member of the parish.

**Father/Guardian Information:**

- Name \_\_\_\_\_
- Primary/Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Mother/Guardian Information:**

- Name \_\_\_\_\_ Maiden Name \_\_\_\_\_
- Primary/Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Mailing Address**

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact Information** (If we are unable to reach you in an emergency, who are we to contact instead?):

- First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Authorized Pickup** - Please list 2 other individuals *other than parents* that are authorized to pick up your child.

- Name of Authorized Person \_\_\_\_\_ Phone Number \_\_\_\_\_
- Name of Authorized Person \_\_\_\_\_ Phone Number \_\_\_\_\_

*If your child/children are entering our Faith Formation program for the first time we must have a recently issued **Baptismal Certificate** (no more than six months old) for each child.*

*If they have been baptized at St. Joseph in Epping please check here ( ).*

***Please list each child you wish to register:***

**Student #1**

- Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Name of School Currently Attending: \_\_\_\_\_ Grade as of September \_\_\_\_\_
- Received Baptism - Yes \_\_\_ No \_\_\_
- First Reconciliation - Yes \_\_\_ No \_\_\_
- First Communion - Yes \_\_\_ No \_\_\_
- Confirmation - Yes \_\_\_ No \_\_\_
- Class Selection – At the church Sunday mornings – levels 2 & 3 - 8:50 to 9:50 \_\_\_\_\_  
At home - Levels 1-5 \_\_\_\_\_

**Student #2**

- Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Name of School Currently Attending: \_\_\_\_\_ Grade as of September \_\_\_\_\_
- Received Baptism - Yes \_\_\_ No \_\_\_
- First Reconciliation - Yes \_\_\_ No \_\_\_
- First Communion - Yes \_\_\_ No \_\_\_
- Confirmation - Yes \_\_\_ No \_\_\_
- Class Selection – At the church Sunday mornings – levels 2 & 3 - 8:50 to 9:50 \_\_\_\_\_  
At home - Levels 1-5 \_\_\_\_\_

**Student #3**

- Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Name of School Currently Attending: \_\_\_\_\_ Grade as of September \_\_\_\_\_
- Received Baptism - Yes \_\_\_ No \_\_\_
- First Reconciliation - Yes \_\_\_ No \_\_\_
- First Communion - Yes \_\_\_ No \_\_\_
- Confirmation - Yes \_\_\_ No \_\_\_
- Class Selection – At the church Sunday mornings – levels 2 & 3 - 8:50 to 9:50 \_\_\_\_\_  
At home - Levels 1-5 \_\_\_\_\_
  
- Please list the name of the child below and any circumstances that the teacher should be made aware of that might affect your child’s abilities or behavior in the classroom – i.e. learning disabilities, hyperactivity, speech problems, medical issues, etc. Please Identify the family member(s) to which the circumstances apply (This information is kept confidential and is given only to the teacher and aide)

\_\_\_\_\_

\_\_\_\_\_

- Does your child receive professional support at school for developmental needs? **Yes** \_\_\_ **No** \_\_\_. If **YES** a parent may be required to attend class if needed.
- Medical Forms: If your child carries an epi-pen, inhaler or other medical equipment please call the Faith Formation Office at 679-8805 ext. 203.

**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 Faith Formation, Saint Joseph Parish, PO Box 337, Epping, NH 03042.**

The registration fee is \$75 and not to exceed \$160 per family. Please call the office (603-679-8805 ext. 203) if you have financial concerns, for no child is denied a religious education due to money constraints. **Checks should be made payable to: St. Joseph Parish.**

**WOULD YOU BE WILLING TO Co-Teach, serve as a classroom aid or hall monitor? YES NO MAYBE**

Your signature below indicates that to the best of your knowledge the information on this form is accurate and true.

\_\_\_\_\_

Date and signature of parent or legal guardian