

2016-2017 Saint Anne Parish Faith Formation Registration Form
Please read and initial the information in the column to the right.

Parent/Guardian Information		Family Name: _____
Father's Full Name: _____		
Cell Phone: _____	Work Phone: _____	
Mother's Full Name: _____		Maiden Name: _____
Cell Phone: _____	Work Phone: _____	
Mailing Address: _____		
Street	Town & State	Zip
Email Address: _____		Home Phone: _____
Emergency Contact		
Person other than Parent: _____		Phone: _____

FIRST CHILD

Name: _____ Date of Birth: _____

Medical Condition(s): _____ Place of Birth: _____

School of Attendance: _____ Grade for 2016-2017: _____ [] Male [] Female

GRADES 1 through 4

- () Home Program (Grades 1—4)
- () Cluster Grade (Grades 1—4)
- [] Tuesday, 3:30pm [] Thursday 4:00pm [] Sunday 10:30am

Grades 5 through 8

- () Fall Program () Spring Program
- [] Thursday 5:00p-6:30p [] Thursday 6:30p-8:00p
- [] Sunday, 9:00-10:30 [] 10:30a-12:00p [] Sunday 4:30p-6:00p [] Sunday 6:00-7:30

Sacraments already received:

- [] Baptism (Church: _____) [] 1st Reconciliation [] 1st Eucharist

SECOND CHILD

Name: _____ Date of Birth: _____

Medical Condition(s): _____ Place of Birth: _____

School of Attendance: _____ Grade for 2016-2017: _____ [] Male [] Female

GRADES 1 through 4

- () Home Program (Grades 1—4)
- () Cluster Grade (Grades 1—4)
- [] Tuesday, 3:30pm [] Thursday 4:00pm [] Sunday 10:30am

Grades 5 through 8

- () Fall Program () Spring Program
- [] Thursday 5:00p-6:30p [] Thursday 6:30p-8:00p
- [] Sunday, 9:00-10:30 [] 10:30a-12:00p [] Sunday 4:30p-6:00p [] Sunday 6:00-7:30

Sacraments already received:

- [] Baptism (Church: _____) [] 1st Reconciliation [] 1st Eucharist

I understand that:

Registration forms may be returned by mail only when accompanied by full payment.

Registration forms with partial or in need of other arrangements, including scholarships, must be completed in the office with a faith formation staff member.

Registration forms received without payment will not be able to be processed.

Any outstanding fee from the previous year should be satisfied at the time of any new registration.

Initials of Preparer

**2016-2017
 Fee Schedule:**

Program Fee:

Per Child \$75.00
 Family Cap: \$200.00

Non-Parishioner*

Program Fee:
 Per Child \$125.00

- *Non Parishioner fee applies to those who wish to participate in the St Anne Faith Formation Program but are not a registered family at Saint Anne Parish.*
- *Registering in the Parish for the sake of the Faith Formation Program does not qualify you for the regular program fee until you have been registered parishioners for 1 year.*
- *Families newly relocated, by way of a new physical address, would be considered regular parishioners and the regular program fee would apply.*

THIRD CHILD

Name: _____ Date of Birth: _____

Medical Condition(s): _____ Place of Birth: _____

School of Attendance: _____ Grade for 2016-2017: _____ [] Male [] Female

GRADES 1 through 4

- () Home Program (Grades 1—4)
- () Cluster Grade (Grades 1—4)
 - [] Tuesday, 3:30pm [] Thursday 4:00pm [] Sunday 10:30am

Grades 5 through 8

- () Fall Program () Spring Program
 - [] Thursday 5:00p-6:30p [] Thursday 6:30p-8:00p
 - [] Sunday, 9:00-10:30 [] 10:30a-12:00p [] Sunday 4:30p-6:00p [] Sunday 6:00-7:30

Sacraments already received:

- [] Baptism (Church: _____) [] 1st Reconciliation [] 1st Eucharist

FOURTH CHILD

Name: _____ Date of Birth: _____

Medical Condition(s): _____ Place of Birth: _____

School of Attendance: _____ Grade for 2016-2017: _____ [] Male [] Female

GRADES 1 through 4

- () Home Program (Grades 1—4)
- () Cluster Grade (Grades 1—4)
 - [] Tuesday, 3:30pm [] Thursday 4:00pm [] Sunday 10:30am

Grades 5 through 8

- () Fall Program () Spring Program
 - [] Thursday 5:00p-6:30p [] Thursday 6:30p-8:00p
 - [] Sunday, 9:00-10:30 [] 10:30a-12:00p [] Sunday 4:30p-6:00p [] Sunday 6:00-7:30

Sacraments already received:

- [] Baptism (Church: _____) [] 1st Reconciliation [] 1st Eucharist

For Office Use:

Date Recv'd: _____

[] By Mail
[] In Office

Total Due: _____

Payment Recv'd: _____

[] Check # _____
[] Cash

Balance Due: _____

Registration taken by: _____
(Initialed)

VOLUNTEER SUPPORT

Your support assists in providing a quality experience of faith formation for your child. Please indicate grade levels and areas that you would be willing to assist.

I am willing to help with Grade level: _____

I am willing to serve, where appropriate as:

- [] Catechist/Teacher [] Aid/Assistant [] Hall Monitor [] Retreat Help

For Grades 1 through 4 specifically:

- [] Walker (from School to the Classes on Tuesday or Thursday)
- [] Babysitter (to assist others who can serve for such things as Catechist/Teacher, etc.)

My signature indicates that to the best of my knowledge the information I have provided on this registration form is accurate and true.

Signature _____

Date _____

SCHOLARSHIPS

Scholarship assistance is available on a limited basis and is considered on a case by case basis. Please talk with Pam Walsh for specifics and how to apply.

Return completed registration form along with payment to :

**Saint Anne Parish
Faith Formation
26 Emerson Avenue
PO Box 339
Hampstead, NH 03841**