

# Office of Religious Education

9 St. Francis Way, Litchfield, NH 03052  
 Ph: 603-424-3456 Fax: 603-424-8603



**Saint Francis  
of Assisi Parish**

*Make me an instrument of Your peace*

## REGISTRATION FORM

|  |   |  |
|--|---|--|
| <p style="text-align: center;"><b><u>KINDERGARTEN</u></b><br/>                 Tuesday Only 4:15-5:30 pm<br/> <b><u>GRADES 1-5</u></b><br/>                 Traditional: Sunday, 9:30-10:45 am<br/>                 Tuesday 4:15-5:30pm &amp; 6:00-7:15 pm</p> | <p style="text-align: center;"><b><u>GRADES 6, 7, 8</u></b><br/>                 Traditional: Wednesday, 6:00-7:15 pm<br/>                 CatechiCYM: Sunday, 6:30-8:00 pm</p> | <p style="text-align: center;"><b><u>CONFIRMATION</u></b><br/>                 Grade 9 - Confirmation I<br/>                 Grade 10 - Confirmation II<br/>                 Friends &amp; Family<br/>                 Thursday 5:30-8:30 pm</p> |
|--|---|--|

Please complete all information below and return to Religious Ed Office or email it to [RelEd@StFrancisOfAssisi.net](mailto:RelEd@StFrancisOfAssisi.net) by clicking this link

|  |   |
|--|---|
| <p style="text-align: center;"><b>MAILING ADDRESS</b></p> <p>Family Name: _____<br/>                 Street or PO Box: _____<br/>                 City &amp; Zip Code: _____<br/>                 Email: _____<br/>                 Home Phone: _____<br/>                 Cell Phone: _____</p> | <p style="text-align: center;"><b>PARENT/GUARDIAN INFORMATION</b></p> <p>Father's Name: _____<br/>                 Father's Religion: _____<br/>                 Mother's Name: _____<br/>                 Mother's Religion: _____<br/>                 Guardian's Name: _____<br/>                 Guardian's Religion: _____</p> |
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**EMERGENCY INFORMATION:** Alternate Emergency Contact Person & Number to be used if the parent/guardian can't be reached:

**Emergency Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

|                    |  |  |  |  |                           |                        |
|--------------------|--|--|--|--|---------------------------|------------------------|
| <b>FIRST CHILD</b> | Name: _____  |  | Date of Birth: _____                                 |  | Grade in September: _____ |                        |
|                    | Baptism Date: _____  |  | Baptism Church/Location: _____                       |  |                           |                        |
|                    | 1 <sup>st</sup> Communion Date: _____  |  | 1 <sup>st</sup> Communion Church/Location: _____     |  |                           |                        |
|                    | Celebrated Reconciliation:    Yes    No  |  | Please list choices of class Type, Day & Time: _____ |  | 1 <sup>st</sup> Choice    | 2 <sup>nd</sup> Choice |
|                    | Medical or Allergy Concerns:    Yes    No    If Yes, please provide details: _____ |  |  |  |                           |                        |

|                     |  |  |  |  |                           |                        |
|---------------------|--|--|--|--|---------------------------|------------------------|
| <b>SECOND CHILD</b> | Name: _____  |  | Date of Birth: _____                                 |  | Grade in September: _____ |                        |
|                     | Baptism Date: _____  |  | Baptism Church/Location: _____                       |  |                           |                        |
|                     | 1 <sup>st</sup> Communion Date: _____  |  | 1 <sup>st</sup> Communion Church/Location: _____     |  |                           |                        |
|                     | Celebrated Reconciliation:    Yes    No  |  | Please list choices of class Type, Day & Time: _____ |  | 1 <sup>st</sup> Choice    | 2 <sup>nd</sup> Choice |
|                     | Medical or Allergy Concerns:    Yes    No    If Yes, please provide details: _____ |  |  |  |                           |                        |

|                    |  |  |  |  |                           |                        |
|--------------------|--|--|--|--|---------------------------|------------------------|
| <b>THIRD CHILD</b> | Name: _____  |  | Date of Birth: _____                                 |  | Grade in September: _____ |                        |
|                    | Baptism Date: _____  |  | Baptism Church/Location: _____                       |  |                           |                        |
|                    | 1 <sup>st</sup> Communion Date: _____  |  | 1 <sup>st</sup> Communion Church/Location: _____     |  |                           |                        |
|                    | Celebrated Reconciliation:    Yes    No  |  | Please list choices of class Type, Day & Time: _____ |  | 1 <sup>st</sup> Choice    | 2 <sup>nd</sup> Choice |
|                    | Medical or Allergy Concerns:    Yes    No    If Yes, please provide details: _____ |  |  |  |                           |                        |

|                        |                  |                     |                    |                 |
|------------------------|------------------|---------------------|--------------------|-----------------|
| <b>OFFICE USE ONLY</b> | Date Paid: _____ | Cash/Check #: _____ | Amount Paid: _____ | Initials: _____ |
|------------------------|------------------|---------------------|--------------------|-----------------|

Registration Fees:    1 Child \$ 70.00    2 Children: \$ 100.00    3 or more Children: \$ 120.00  
 Additional Fee of \$30.00 per student for First Holy Eucharist/Reconciliation & Confirmation  
 Please make checks payable to: "St. Francis of Assisi Parish"

