



**ST PIUS X
PARISH**

Faith Formation Registration 2016-2017

575 Candia Rd.
Manchester, NH 03109
603.622.6510
Grades K—6
(please print)

Grade _____

Class Preference (please choose one): Home School is not an option for Gr. 2

[] Monday 3:30 PM PM [] Tuesday 4:30 PM to 5:30 PM [] Home School Gr. K, 1, 3, 4, 5

Child's Name (Last, First, MI) _____

Address: _____
(Number) (Street) (City) (zipcode)

DOB: _____ City & State of Birth _____

School _____ Grade _____ Age _____ Male or Female _____

Did your child attend Faith Formation classes last year? _____ If so what grade? _____

If not at St. Pius X for Faith Formation last year, where did they attend? _____

Parental Information:

Mother's name _____
First Middle Maiden Last

Mother's home phone number _____ Cell phone number _____

Father's name _____

Father's home phone number _____ Cell phone number _____

Parent's email address _____

Please note, we do not sell or share email addresses. They are solely for informational correspondence between the Office of Religious Education and parents. It is our main source of communication.

Is there anything we need to be aware of (for ex., parents are divorced, please send correspondence to this email also, or please call mother first as the father works nights) ?

Child's Sacramental Information

Child's Church of Baptism _____ Date _____

City, State _____

First Reconciliation Name of Church _____ Date _____

Yes No City, State _____

First Holy Communion Name of Church _____ Date _____

Yes No City, State _____

Please list the names of brothers and/or sisters enrolled in the St. Pius X School of Religion

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Please list any medical concerns, learning disabilities or classroom modifications that we should be aware of _____

Medical Forms

If your child needs an epi-pen, inhaler, or other medical equipment on hand during a session of event, please speak to the Coordinator of Religious Education.

Emergency Contact information

Please list the name of **another contact** that we may call in the event of an emergency.

Name _____ Relation _____ phone # _____ cell phone# _____

In the event of a sickness or actual emergency, who should we call first? For example, Sue (Mom) at 555-5555.

Name _____ which phone number _____

Photograph Permission

Photographs are sometimes taken during faith formation sessions and events. They are displayed publicly; e.g., 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 Coordinator of Religious Education.

General Information

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

Parent's signature and date

Tuition Fees

Grades: Pre K, K, 1,3, 4,5 \$100 1 child, \$175 2 children, \$225 3 or more children
\$40 additional retreat fees per child preparing for First Penance and First Communion

No child is ever denied religious education because of limited resources. Budget plans are available. Should you need assistance please contact the office.

FOR OFFICE USE ONLY:

Date of Payment	Amount Paid	Cash/Check
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