



**ST PIUS X  
PARISH**

**Faith Formation Registration 2017-2018**

575 Candia Rd.  
Manchester, NH 03109  
603.622.6510  
**Grades 7 & 8**  
(please print)

Grade \_\_\_\_\_

Class Preference ( please choose one): Home School is not an option for Grades 7 & 8

Sunday 4:30 PM

Tuesday 6:30 PM

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 \_\_\_\_\_

**Permission to Photograph and Publish**

Photographs are sometimes taken during faith formation sessions and events. They are displayed publically; e.g., parish website, bulletin, in the newspaper, in a brochure, on bulletin boards, etc., keeping the community aware and informed of parish events and activities.

\_\_\_\_\_ Yes, it is O.K. To Photograph and Publish \_\_\_\_\_ No, do not Photograph and Publish

***Parent's signature and date***

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

***Parent's Signature and date***

**Tuition Fees**

Grades 7 & 8: \$100 1 child, \$175 2 children, \$225 3 or more children

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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