

**2009-2010 Religious Education Registration
St. Charles Borromeo Parish, Meredith, NH**

Family Name _____ Telephone _____

Mailing Address _____ Town _____

Zip Code _____

Street Address (If different) _____

Father _____
(Full name)

Mother _____
(Include Maiden Name)

Alternate Phone # _____

Cell Phone # _____

FAX _____

Email _____

Kindergarten through grade 6: Monday 4:00 – 5:00 PM or Tuesday 3:30 – 4:30 PM
After June 30 assignments will be made according to space.

Junior High and Confirmation: After completing the top of this page, see other side for options

CHILD'S NAME: first & middle (INCLUDE LAST NAME <i>IF</i> different from the family name)				PLEASE CHECK SACRAMENTS RECEIVED		
	Date of Birth	M/F	Grade Sept. '09	Baptism	Penance (Confession)	Eucharist
	____-____-____					
	____-____-____					
	____-____-____					

Please name any special needs of your children that a catechist should know

May your child's picture be used on our web site of parish activities? Yes No

How do you wish to help in the program? On the day of my child's class I am willing to:

___ teach ___ assist ___ substitute in grade ___

___ hall monitor ___ kitchen at time of snack (class time) ___ provide snacks

Signature: _____

Junior High and Confirmation Registration

Junior High: Read carefully. Options end as of July 6.

Option A ___ **3 Mini courses:** July 13, 14, 15 – morning, 8:30 to 10:30 AM
August 2, 3, 4 – evening, 7:00 to 9:00 PM and September 13, 20, 27 – 6:00 to 8:00 PM

OR

Option B ___ October through April, after school

Check option A or B above

All Junior High students will meet on Sunday, October 4, for the annual Circles of Care lesson

Confirmation I

Choose: **Option A** ___ morning – July 12-17, 8:30 AM – 1:00 PM

OR

Option B ___ one Saturday evening a month, 5:00 PM mass to 8:00 PM
September through April, - 9/13, 10/17, 11/14, 12/12, 1/9, 2/13, 3/13, 4/17

Confirmation II

Choose: **Option A** ___ morning, July 12-17, 8:30 AM – 1:00 PM

OR

Option B ___ one Saturday evening a month, 5:00 Mass to 8:00 PM
September through April - 9/13, 10/17, 11/14, 12/12, 1/9, 2/13, 3/13, 4/17

Check option A or B above

CHILD'S NAME: first & middle (INCLUDE LAST NAME <i>IF</i> different from the family name)				PLEASE CHECK SACRAMENTS RECEIVED		
	Date of Birth	M/F	Grade Sept. '09	Baptism	Penance- Confession	Eucharist
	___-___- ___					
	___-___- ___					
	___-___- ___					

Please name any special needs of your children that a catechist should know _____

May your child's picture be used on our web site of parish activities? Yes No

How do you wish to help in the program? On the day of my child's class I am willing to:
___ teach ___ assist ___ substitute in grade ___ provide snacks

Have you completed the necessary info at the top of the other side and your signature?