

**2010-2011 Faith Formation Registration
St. Charles Borromeo Parish, Meredith, NH**

Family Name _____ Telephone _____

Mailing Address _____ Town _____ Zip Code _____

Street Address (If different) _____

Father _____ Mother _____
(Full name) (Include Maiden Name)

Phone # for contact during session _____ 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 in a given group.

Junior High and Confirmation: After completing the top of this page, SEE the 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. '10	Baptism	Penance (Confession)	Eucharist
	____-____-____ ==					
	____-____-____ ==					
	____-____-____ ==					

Please list any special circumstances that the catechist should know about your child.
(Ex. epi-pen, inhaler, other medical equipment)

My child's picture may be displayed publically; e.g. parish web site, bulletin boards etc.? Yes No

How will you help in the program? On the day of my child's class I am willing to:
 ___teach ___assist ___substitute ___hall monitor ___kitchen before class

My signature indicates that I have read the information on this form and my responses are accurate:

Junior High and Confirmation Registration

Junior High: Read carefully and choose option A or B by the end of May.

Option A ___ 3 Mini courses: An adult is to accompany the child for the July session
 July 11 – 13 6:30 to 8:30 PM
 August 1, 2, 3 6:30 to 8:30 PM
 September **Sunday**: 12, 19, 26 6:00 to 8:00 PM

OR

Option B ___ All year, October through April, after school

Check option A or B above

Sunday, October 3 - All Junior High students - Circles of Care lesson, 6:00-7:00 PM

Confirmation I grades 9 and 10 Choose option A or B.

Option A ___ morning – July 11-16, 8:00 AM – 1:00 PM Sunday
 8:30 AM – 1:00 PM Mon.-Fri.

OR

Option B ___ one Saturday evening a month, 5:00 PM mass to 8:00 PM
 September through April, - 9/11, 10/16, 11/6, 12/11, 1/8, 2/12, 3/12, 4/9

Confirmation II Choose option A or B.

Option A ___ morning, July 11-16, 8:00 AM – 1:00 PM Sunday
 8:30 AM – 1:00 PM Mon.-Fri.

OR

Option B ___ one Saturday evening a month, 5:00 Mass to 8:00 PM
 September through April - 9/11, 10/16, 11/6, 12/11, 1/8, 2/12, 3/12, 4/9

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. '10	Baptism	Penance Confession	Eucharist
	___-___- ___					
	___-___- ___					
	___-___- ___					

Please list any special circumstances which the catechist should know about your child.
 (Ex. epi-pen, inhaler, other medical equipment)

May your child's picture be displayed publically; e.g. parish web site, bulletin boards etc.? 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 info at the top of the other side and your signature?