

# PARISH OF THE ASSUMPTION FAITH FORMATION REGISTRATION 2021-2022

## Instructions for filling in form

Please take a moment to read through these directions to make sure all the information that the office needs are accounted for on your form. This will help with streamlining the registration process for all involved. Thank you for your help with this!

1. Please make sure **ALL** personal information is filled out. Your email specifically is our primary way of getting in contact with you, so please make sure you have included ALL emails you wish to have information sent to.
2. Please make sure the **GRADE** your child will be entering is included. There is no longer an option for picking sacramental preparation. We will make sure that they are signed up for the proper sacramental prep for their grade. The following are the grades in which Sacraments are received:

**RECONCILIATION: 2<sup>ND</sup> GRADE**

**EUCCHARIST/ CONFIRMATION: 3<sup>RD</sup> GRADE**

3. **NEW THIS YEAR:** Youth Ministry! Kristen Lotz is pleased to offer our older students a new form of Faith Formation for children in 6<sup>th</sup> to 12<sup>th</sup> grade. Classroom model will be a lesson-based option focusing on viable study and apologetics. The Family model will be a chance to come together for small group discussion and fun activities. Your child can choose to do one OR both models. Classroom will meet once a week on Sunday at 4:00pm and Family will be once a month that coincides with Family Model for K-5<sup>th</sup>.
4. If your child is new to our program and would like to make their sacraments, please email Megan Licata so that a plan can be put into place to get your child on track to receiving them.
5. Please utilize the **KEY** (under student information) to determine what program you wish to be involved in.
6. All who register before July 1<sup>st</sup> will receive a discounted rate. Checks are made out to **Parish of the Assumption**. Payment can be mailed into the office (150 Central Ave. Dover, NH 03820). The cost for registration is:

**Before July 1<sup>st</sup>: \$50 per child/ \$150 family cap**

**After June 30<sup>th</sup>: \$70 per child/ \$210 family cap**

7. ALL questions or concerns should be sent to Megan Licata ([meganl@assumptiondovernh.org](mailto:meganl@assumptiondovernh.org))

**PARISH OF THE ASSUMPTION FAITH FORMATION REGISTRATION 2021-2022**

**PRIMARY CONTACT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS (street, city, state, zip):

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**STUDENT INFORMATION**

LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	SACRAMENTS RECEIVED	GRADE ENROLLING	PROGRAM/SACRAMENT PREPARATION (Use key below)
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist <input type="radio"/> Confirmation		
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist <input type="radio"/> Confirmation		
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist <input type="radio"/> Confirmation		
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist <input type="radio"/> Confirmation		
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist <input type="radio"/> Confirmation		
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist <input type="radio"/> Confirmation		

**Program key K-5<sup>th</sup>:** **C:** Classroom Model 10:05am ONLY **F:** family model **SMA:** St. Mary Academy students preparing for Sacraments

**Program key 6<sup>th</sup>- 12<sup>th</sup>:** **YM-C:** Youth Ministry-Classroom Model **YM-F:** Youth Ministry- Family Model

**Special Needs/Accommodations/ Medical:** Please list any special circumstances we should be aware of to better meet your child's needs including, but not limited to: special needs, learning accommodations and/or, medical conditions including allergies, use of epi-pen, inhaler or other medical equipment. Please be sure to identify the family member(s) to which the circumstances apply. Put all information on the back of this form.

<b>FOR OFFICE USE ONLY:</b>	Date Received:	Amount Received:	Check Number:	Volunteer:
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