

PARISH OF THE ASSUMPTION FAITH FORMATION REGISTRATION 2023-2024

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: 2ND GRADE

EUCCHARIST/ CONFIRMATION: 3RD GRADE

3. **Exploring Our Faith** is a program we are developing for grades 4th- 6th and 7th – 9th. Please see our website for a full description of our program. Let's open the discussion of are older students to grow in their faith through THEIR exploration!
4. **Students in 10th – 12th grade**: Sign up for our Youth Group meeting bimonthly for service and fellowship! Please reach out to Kristen Lotz with any questions.
Kristen@assumptiondovernh.org
5. 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.
6. Please utilize the **KEY** (under student information) to determine what program you wish to be involved in.
7. All who register before July 1st will receive a discounted rate. Checks are made out to **Parish of the Assumption**. Payment and registration can be mailed into the office (**150 Central Ave. Dover, NH 03820**). The cost for registration is:

Before July 1st: \$50 per child/ \$150 family cap

After June 30th: \$70 per child/ \$210 family cap

8. ALL questions or concerns should be sent to Megan Licata
(meganl@assumptiondovernh.org)

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PRIMARY CONTACT INFORMATION

FAMILY'S LAST 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="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		
				<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		
				<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		
				<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		
				<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		
				<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		

Program key K-9th C: Classroom Model **F:** family model **CATHOLIC:** Catholic school students preparing for Sacraments ONLY (SMA, SPA, STA, etc.)- These students will do the book at home at attend Parent/ Child retreats. If you would like your child to attend the Family Model or Classroom Model as well, please just put their grade and the corresponding letter key for what model you would prefer.

Program key 10th- 12th: **YG:** Youth Group

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.

FOR OFFICE USE ONLY:	Date Received:	Amount Received:	Check Number:	Volunteer:
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