

Saint Joseph Faith Formation

Registration Form 2025-2026

603-883-0757 x 4

janicemercure@stjoenash.org

FAMILY NAME: _____ Mother's Maiden Name: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: () _____ - _____

E-Mail Address: _____

Father: _____ Cell # _____

Mother: _____ Cell # _____

Name of Child	Grade	Baptism (Y/N)	First Reconciliation (Y/N)	Confirmation (Y/N)	First Communion (Y/N)

SELECT A MASS PREFERENCE FOR YOUR FAMILY : SELECT ONLY ONE

(Grades Kindergarten through Grade 5)

() Saturday 4:00 pm () Sunday 8:00 am () Sunday 10:00 am

Deadline for registration August 15th

Fee For Gift (Kindergarten -Grade 5)

\$40.00 one child \$ _____

\$80.00 two children \$ _____

\$100.00 three or more children \$ _____

SACRAMENTAL FEES (in addition to tuition)

\$10.00 extra for 1st Eucharist--Grade 3 \$ _____

\$20.00 extra for 1st Reconciliation--Grade 2 \$ _____

\$10.00 extra for -Confirmation I—Grade 3 \$ _____

\$20.00 extra for Confirmation II Grades 4-12 \$ _____

\$10.00 Late Registration Fee after August 15th \$ _____

TOTAL DUE \$ _____



Student- _____

Student _____

Medical Forms

If your child needs an epi-pen, inhaler or other medical equipment on hand during a session or event when a parent will not be present, please provide the Medical Release form prior to attending. Forms may be obtained at the Religious Education Office.

Does your child take any medication or have any physical or learning disabilities of which we should be aware ? Please note below.

Emergency Contact Information

In the event of an emergency, whom should we contact first? ___ Mom or ___ Dad

If we are unable to reach you in an emergency, whom should we contact instead?

Name _____

Cell Phone _____

Photograph Permission

Photographs are sometimes taken during faith formation sessions and events. They are displayed publicly on parish website, on Facebook, on bulletin boards, etc. and used to keep the community aware and informed of parish events and activities.

☐ I give permission for you to publicize photos of my child(ren) Parents Initials _____

☐ I do not give permission for to publicize photos of my child(ren) Parents Initials _____