FAITH FORMATION <u>KINDERGARTEN</u> through <u>HIGH SCHOOL</u> REGISTRATION FORM 2024-2025

All families registering for Faith Formation Programs <u>must</u> be registered with the parish.

CHURCH OF SAINT THOMAS MORE

6 MADBURY ROAD DURHAM, NH 03824 (603) 868-2666 x117 E-MAIL: stmfaith@comcast.net

Primary Contact:	Phone:							
	Last Name	;	Firs	t Name				
Address:	treet			Town	/City	St	ate Zip Code	
Email addresses:					•		•	
	,					program updates a		
Father's Name:					Home/cell phone numbers:			
Mother's Name:					Home/cell phone numbers:			
Mother's Maiden Name					HS Student email/cell:			
Emergency Contact (of	her thai	n parent))		Hom	e/cell phone	numbers	
			S	TUDENT II	VFORMATI	ON		
					Sacrament	Sacrament		
First/Last Name (if family name is not t same)		Date of Birth	Grade in Sept.in	Last grade of Religious	s RECEIVED check all that apply	s NEEDED check all that apply	Additional Information you would like us to know.	
			24	Education	R	R e		
					B E C C	B E C C		
					p u n n	p u n n		
					h i l	i h i l l		
					m i a m	m i a m		
					s t t	s t t		
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Name of oal1 -44 1'			ala a a 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Name of school attendi	ng auri	ng this s	school yea	ır:				
As an obligation offered periodica	•						g regular parent day/night activities	

First Reconciliation, Confirmation and First Communion:

Additional sacrament registration will take place later in the year for the home study preparation programs for First Reconciliation, and First Communion. The cost is \$30 for <u>each</u> Sacrament, payable with this form.

Reconciliation -2nd grade and Confirmation and Eucharist is completed during the 3rd grade.

Registration Fee Worksheet								
1st student \$100.00	<u>\$</u>	\$100 for first child enrolling in K	–12th Faith Formation.					
2 nd student \$ 50.00	<u>\$</u>	\$50 for second child enrolling in	K–12th Faith Formation.					
Add'l student(s) \$ 0.00	<u>\$</u>	No additional charge for third (or	more) children in PreK –12th					
Sacrament prep (varies)	\$	\$30 per sacrament per child (i.e. 2 ca	hildren prep for 2 sacraments = \$60).					
Confirmation Retreat	\$	\$30 for Confirmation Retreat is r	equired prior to Sacrament.					
Teacher Credit \$ -50.00	\$	\$-50 if parent is volunteering to be	a teacher or an aide.					
Total owed K-12	<u>\$</u>	Add previous lines						
 Registration notes: Checks should be made payable to: St. Thomas More Church. Please write <u>Faith Formation</u> on the memo line. Scholarship money is available for any families in need of financial assistance.								
Medical Forms: Please list any special circumstances, needs, or allergies that the teacher should be made aware of. Also, please indicate if your child needs an epi-pen, inhaler, or other medical equipment on hand during class/event:								
Learning Needs: Are there any special learning needs or other information that would be useful for the teacher to know about?								
I will come i I give permi Photograph Permission: Photographs are sometimes tal	eck the following ssion for my child to be nto the building to pick ssion for my child to we ken during Faith Formation in the newspaper, in a broa	alk home. n sessions and events. They are displachure, on bulletin boards, etc. and the	ayed publicly, e.g., on the parish					
If you do not want images ta Director at the address on th		d, please send a written notice to th	at effect to the Faith Formation					
1 0		oners. Please consider sharing your to yould like more information about the						
MSYM (Edge) Grades 6-8 O	pportunities:	: * Hall Monitor (Sundays) * Snack Preparation:						
* Teaching Assistant:		* Special Projects/Events:						
Middle School Youth Minist High School Youth Ministry	ry Volunteer- <u>YES-</u> Volunteer- <u>YES-</u>							
My signature below indicates that to the best of my knowledge the information on this form is accurate and true.								
Signature of Parent or Leg	gal Guardian	Date						
Date Received: I		OFFICE USE ONLY Payment type:	Balance Due:					