

# FAITH FORMATION KINDERGARTEN through MIDDLE SCHOOL REGISTRATION FORM 2025-2026

All families registering for Faith Formation Programs must be registered with the parish.

## CHURCH OF SAINT THOMAS MORE

6 MADBURY ROAD DURHAM, NH 03824  
(603) 868-2666 x110 E-MAIL: [stmfaith@comcast.net](mailto:stmfaith@comcast.net)

Primary Contact:	<div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Last Name</div> <div>First Name</div> </div>	Phone: _____
Address:	<div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Street</div> <div>Town/City</div> <div>State</div> <div>Zip Code</div> </div>	
Email addresses:	_____ <small>(please print clearly and provide email addresses to use for program updates and cancellations)</small>	
Father's Name:	_____	Home/cell phone numbers: _____
Mother's Name:	_____	Home/cell phone numbers: _____
Mother's Maiden Name	_____	Child's Baptism Date & Place _____ <small>(If child is making sacraments)</small>
Emergency Contact (other than parent)	_____	Home/cell phone numbers _____
Emergency Contact's Relationship to family:	_____	

### STUDENT INFORMATION

First/Last Name (if family name is not the same)	M/F	Date of Birth	Grade in Sept.in 25	Last grade of Religious Education	Sacrament s RECEIVED check all that apply	Sacrament s NEEDED check all that apply	Additional Information you would like us to know.
					B a p t i s  E u c h a r i s t  R e c o n c i l i a t i o n	B a p t i s  E u c h a r i s t  R e c o n c i l i a t i o n	

Name of school attending during this school year: \_\_\_\_\_

\_\_\_\_\_ As an obligation to my child's Faith Formation, I am committed to attending regular parent day/night activities (Y/N) offered periodically to strengthen my family's Lifelong Formation.

#### **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 each Sacrament, payable with this form.

**Reconciliation -2<sup>nd</sup> grade and Confirmation and Eucharist is completed during the 3<sup>rd</sup> grade.**

## Registration Fee Worksheet

1 <sup>st</sup> student	\$100.00	\$ _____	<i>\$100 for first child enrolling in K–12th Faith Formation.</i>
2 <sup>nd</sup> student	\$ 50.00	\$ _____	<i>\$50 for second child enrolling in K–12th Faith Formation.</i>
Add'l student(s)	\$ 0.00	\$ <u>0.00</u>	<i>No additional charge for third (or more) children in PreK –12th..</i>
Sacrament prep (varies)	\$ _____		<i>\$30 per sacrament per child (i.e. 2 children prep for 2 sacraments = \$60).</i>
Confirmation Retreat	\$ _____		<b>\$30 for Confirmation Retreat is required prior to Sacrament.</b>
Teacher Credit	\$ -50.00	\$ _____	<i>\$-50 if parent is volunteering to be a teacher or an aide.</i>
Total owed K-12	\$ _____		<i>Add previous lines</i>

### Registration notes:

- Checks should be made payable to: **St. Thomas More Church**. Please write **Faith Formation** on the memo line.
- Scholarship money is available for any families in need of financial assistance.  
Please indicate your request on the registration form or on a separate note.
- We accept donations in support of our religious education programs, including contributions toward financial aid Scholarships.

**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:

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**Learning Needs:** Are there any special learning needs or other information that would be useful for the teacher to know about?

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### (Middle School and HSYM) ONLY

**Dismissal:** Please check the following

- \_\_\_\_\_ **I give permission for my child to be dismissed to meet me outside the building.**  
 \_\_\_\_\_ **I will come into the building to pick up my child.**  
 \_\_\_\_\_ **I give permission for my child to walk home.**

### **Photograph Permission:**

Photographs are sometimes taken during Faith Formation sessions and events. They are displayed publicly, e.g., on the parish website, in the parish bulletin, in the newspaper, in a brochure, on bulletin boards, etc. and the pictures are also used to keep the community aware and informed of parish events and activities.

**If you do not want images taken and used as described, please send a written notice to that effect to the Faith Formation Director at the address on the heading of this form.**

### **Volunteer Opportunities:**

Our Faith Formation program depends on all our parishioners. Please consider sharing your time and talent with us. Indicate below if you can help in any of these or if you would like more information about these opportunities:

**K-5<sup>th</sup> grade Opportunities:** \* Classroom Teacher or aide: \_\_\_\_\_ \* Hall Monitor (Sundays) \_\_\_\_\_ \* Special projects/events: \_\_\_\_\_

**MSYM (Edge) Grades 6-8 Opportunities:**

\* Christian Formation Core Team (meets once a month) \_\_\_\_\_ \* Snack Preparation: \_\_\_\_\_

\* Teaching Assistant: \_\_\_\_\_ \* Special Projects/Events: \_\_\_\_\_

**Middle School Youth Ministry Volunteer- YES-** \_\_\_\_\_

**High School Youth Ministry Volunteer- YES-** \_\_\_\_\_

**My signature below indicates that to the best of my knowledge the information on this form is accurate and true.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### **FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Payment type: \_\_\_\_\_ Balance Due: \_\_\_\_\_