



***Saint Joseph Cathedral***  
 145 Lowell Street  
 Manchester, New Hampshire 03104-6135  
 Tel (603) 622-6404  
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 clang@stjosephcathedralnh.org

**Faith Formation Registration**

Family Name \_\_\_\_\_ (Office use: Date Received \_\_\_\_\_ )

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's First Name \_\_\_\_\_  
 + Maiden Name \_\_\_\_\_ **Family email:** \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

**Family Information**

First Name and Last Name if family name is not the same	Birth Date ( M / D / Y )	Baptism	First Penance	First Communion	Confirmation	School & Grade

**Fees:**

- Fees are \$50 for the first child, \$25 for each additional child with \$125 maximum per family payable at registration.
- **Registration forms and fees are due September 17**

Please list any special circumstances which the catechist should know when working with a specific family member. Please be sure to identify the family member(s) to which the circumstances apply.

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**Medical Forms**

If your child needs an epi-pen, inhaler or other medical equipment on hand during a session or event, please speak with the catechetical leader.

**Emergency Contact Information**

List the phone number best to use if we need to contact you during a faith formation session, event or activity: \_\_\_\_\_

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

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Photograph Permission**

Photographs are sometimes taken during faith formation sessions and events. They are displayed publically; e.g., on parish website, in the newspaper, in a brochure, on bulletin boards, etc. and 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 parish Catechetical Leader at the address on the heading of this form.**

**General Information**

My signature below indicates that to the best of my knowledge the information on this form is accurate and true. It also indicates that I have received a copy of the procedures for starting and ending times, drop off and pick up locations, and the Emergency Plan for faith formation events and activities.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date