**Immaculate Heart of Mary Parish**

180 Loudon Road, Concord, NH 03301

**2017-2018 Faith Formation Registration - New Families**

**FAMILY LAST NAME:** Father’s Name: Father’s Cell Phone:

Mother’s Name: Mother’s Cell Phone: \_\_\_\_\_\_\_\_\_

Mother’s Maiden Name:   
Main Contact Mailing Address:

Main Contact Home Phone:

Family Contact Email:

**Emergency Contact Information:**

Name: Relationship to Student:

Phone: Cell Phone:

**STUDENT INFORMATION:**

* Enter sacrament dates and **submit copies of sacrament certificates with this form** for parish files.
* Choose IHM Program:

**ELEM** for Elementary School (Kindergarten-5)

**MS** for Middle School (6-8)

**HS CI** for High School Year 1

**HS CII** for High School Year 2 (Attendance at HS CI is recommended before entering HS CII.)

**Child #1**

Full Name:

Birth Date: Baptism:

Public School Grade: First Reconciliation:

IHM Program: First Communion: Confirmation:

**Child #2**

Full Name:

Birth Date: Baptism:

Public School Grade: First Reconciliation:

IHM Program: First Communion: Confirmation:

**FAMILY LAST NAME:**

**Child #3**

Full Name:

Birth Date: Baptism:

Public School Grade: First Reconciliation:

IHM Program: First Communion: Confirmation:

**Child #4**

Full Name:

Birth Date: Baptism:

Public School Grade: First Reconciliation:

IHM Program: First Communion: Confirmation:

**Child #5**

Full Name:

Birth Date: Baptism:

Public School Grade: First Reconciliation:

IHM Program: First Communion: Confirmation:

**SACRAMENT REGISTRATION:**

* **Please fill out if you have a child preparing to receive First Reconciliation, First Communion or Confirmation this year.**
* If your child attends Catholic school and not IHM FF, but will attend IHM for Sacramental Preparation,

please register.

|  |  |
| --- | --- |
| Last Name |  |
| First Name on Birth Certificate |  |
| Home Address |  |
| Date of Birth |  |
| Place of Birth (City, State) |  |
| Date of Baptism |  |
| Church of Baptism |  |
| Address of Church |  |
| Father’s  First and Last Name |  |
| Mother’s  First and Last Name |  |
| Mother’s Maiden Name |  |

**FAMILY LAST NAME:**

**Please list any special circumstance(s)** 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.

**MEDICAL FORMS:**

Does your child needs an epi-pen, inhaler or other medical equipment on hand during a session or event?

**** No **** YesPlease contact the Faith Formation Office for medical form.

**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 the IHM Faith Formation Department** stating this.

**VOLUNTEER SUPPORT:** We need your support. The contribution of your time is valued, appreciated and needed!

Person we should contact:

**** Faith Formation Ministry:

Role:  Catechist  Assistant  Support

Program: **** Morning (9:20-10:45am) **** Evening (5:15pm-7:35pm)

**** Family Ministry Events (Harvest Hoe Down, All Saints Celebration, Polar Express, Winter Carnival, St. Valentine Activity Night, St. Patrick Activity Night, Valentine Card Making, Easter Egg Hunt)

**** Youth Group for: **** Elementary School **** Middle School **** High School

**** Special Events (Advent/Lent Events, Retreats, Social, Fundraising, Baking, etc.)

**** Other:

**SCHOLARSHIP APPLICATION:** Please indicate need for financial support.

50% Scholarship Full Scholarship \*No child will be turned away because of financial need.

Your contribution: Please participate in Volunteer Support above. Your help is valuable to the program!

**GENERAL INFORMATION**:   
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**

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**TUITION PAYMENT DUE:**

***Register early and save***

***Before June 30* --- | FEE | --- *After June 30***

**$85 ---| per child |--- $105**

**$130 ---| 2 children |--- $150**

**$180 ---| per family |--- $200**

**Confirmation II Preparation: Add $75**

**SCHOLARSHIP REQUESTED:**

**SPONSOR a Child/Family:**

We provide scholarships so all children may participate in our programs and activities. Please consider adding a scholarship contribution your tuition payment. Thank you!

**No child will be turned away because of financial need.**

**TOTAL ENCLOSED:**

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**OFFICE USE ONLY Payment Due: Scholarship Offered: Payment Received by:**\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_ **Check #: Cash:**\_\_\_\_\_

**Catechist/Assistant:** \_\_\_\_\_\_ **Volunteer Support Offered:**\_\_\_\_\_\_  **ParishSoft Updated:**\_\_\_\_\_\_\_\_\_\_\_\_ **PARISH Registration Complete:**\_\_\_\_\_\_\_\_

**Baptismal Certificates on File: Missing: Notes:**