

ST. PETER CHURCH, 567 Manchester Rd., Auburn, NH 03032-3123
CHRISTIAN FORMATION REGISTRATION FORM FOR 2011-2012

PLEASE COMPLETE THE FOLLOWING FAMILY INFORMATION:

FAMILY LAST NAME: _____ Today's date: ____/____/____
PARENTS'/GUARDIANS' FIRST NAMES: 1. _____ 2. _____
MAILING ADDRESS: _____
CITY/TOWN: _____ ZIP CODE: _____ TELEPHONE# _____
CELL PHONE# _____ E-MAIL (please print): _____

REGISTRATION FOR KINDERGARTEN, AND GRADES 1, 2 & 3

(Grades 4-10 - please see reverse side)

REGISTRATION FEE FOR ALL STUDENTS IS \$20 PER STUDENT, MAXIMUM \$50 PER FAMILY
DUE UPON REGISTRATION. MAKE CHECK PAYABLE TO ST. PETER CHURCH.

If your child is new to our program, please attach a copy of his/her baptism certificate
(if not baptized here).

1st Child's full name: _____ | Male _____
| Female _____
Date of birth: _____ Grade: _____ School: _____
Mass preference (circle one): 4:00 pm 8:00 am 10:30 am
Date and Church of Baptism: _____
Date and Church of First Communion: _____
Date and Church of First Penance: _____

2nd Child's full name: _____ | Male _____
| Female _____
Date of birth: _____ Grade: _____ School: _____
Mass preference (circle one): 4:00 pm 8:00 am 10:30 am
Date and Church of Baptism: _____
Date and Church of First Communion: _____
Date and Church of First Penance: _____

