YOUTH MINISTRY REGISTRATION

2026 - 2027

Our Lady of Fatima & Immaculate Conception Parish
724 Main Street
New London, NH 03257

Participant's Name: _____ _____ _____
First Middle Last

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

DOB: __/___/__ Gender: M/F Grade in the Fall: _____ School:_____

Year of Baptism: _____ Parish: _____
Name City/State

Year of Communion/Confirmation: _____ Parish: _____
Name City/State

YOUTH MINISTRY GROUP:

GRADE SCHOOL (Grades 4 & 5)

MIDDLE SCHOOL (Grades 6-8)

HIGH SCHOOL (Grades 9-12)

PARENT INFORMATION:

Father's Name: _____ Roman Catholic: ___ Yes ___ No

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Mother's Name: _____ Roman Catholic: ___ Yes ___ No

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

EMERGENCY CONTACT: _____

ALLERGIES: _____

Family Faith Coordinator: Jessica Kelley Office:(603) 526-4484 Email: llff@olfic.org