## FAMILY FAITH FORMATION REGISTRATION Our Lady of Fatima – Immaculate Conception

| Family Last Name  |  |              |
|---|--|--------------|
| Parent(s) Name(s)   |  |              |
| Mailing Address   | Zip  |              |
| Telephone:  | Emergency:   |              |
| Email Address:  |  |              |
| 0   | Parishioners to participate in the program. If you have please call the office (603) 526-4484. | e not        |
| <ul> <li>and the family session</li> <li>We are exploring opp please include all child</li> </ul> | ortunities for young children and offer a teen p   |              |
| Names of Children   | M/F Grade Sacraments? Comr   | <u>nents</u> |
|   |  |              |
|   |  |              |
|   |  | <del> </del> |
|   |  |              |
| Name of Participating   | or Parent(s)   |              |

• Please indicate in the "comments" section if your child requires special educational services in the public school, or if he/she takes medication for a specific concern.

## **REGISTRATION FEE**

\$25 for each participant, including parents and children \$75 family maximum

|  | Cash | <del> </del> |
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