

2018 Summer Registration Form
July 9th - July 13th from 9:00AM till Noon

Child's Last Name: _____	Child's First Name: _____	
DOB (MM/DD/YY): _____	Place of Birth: _____	
Age: _____	Grade entering in Fall 2018: _____	Gender: M / F

Father's First & Last Name _____
Preferred Contact Number: _____ Email: _____

Mother's First & Last Name _____
Preferred Contact Number: _____ Email: _____

Address: _____ City/Zip: _____ / _____

Please list any special circumstances which we should know about your child. (ie; health condition, learning disability, allergies): _____

In case of emergency, if I cannot be reached, please contact:
Name: _____ Phone Number: _____

Who is authorized to pick up your child from St. Mark's:
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

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Was your child baptized at St Mark's? Yes / No

*If your child was baptized at another church, (Catholic or otherwise) please contact that church and request that a copy of your child's baptismal certificate be sent to us for our records.

Please send to: St. Mark's The Evangelist Church, 1 South Road, Londonderry NH 03053

The St. Mark's Summer Religious Education Program will take place from Monday, July 9th to Friday, July 13th. In lieu of changes to the Sacramental Order in the Diocese of Manchester (ie; Confirming 3rd graders and up), our focus this summer will be on sacramental preparation for all grade levels.

Registration Fee

The registration fee for the summer program is \$65.00 per child. If this fee poses a financial hardship for you or your family, please call Fr. Mike Zgonc at 432-8711.

Photograph Permission

Photographs are sometimes taken during parish functions and events. They may be displayed publicly on the parish website or parish social media, as a means of promoting and documenting parish events.

_____ YES, you may use pictures of my child for parish website/social media to promote St. Mark's Evangelist Parish.

_____ NO, I do not want pictures of my child taken for any use.

My signature below indicates that I have read and filled out the registration form to the best of my knowledge and the information provided is accurate and true.

Parent or Guardian Signature

Print Name

Date

FOR OFFICE USE:

_____ **Emergency Medical Release Form on file**

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	<input type="checkbox"/> Family is registered with St. Mark's Parish
	<input type="checkbox"/> Copy of Baptismal Certificate on file with the parish Church child was baptized: _____
	<input type="checkbox"/> Registration Fee Received (\$65.00)