Our Lady of Peace Parish
FAITH FORMATION REGISTRATION

2025-2026

~~Parish Office: 386 Luther~~ Avenue, Somerset, Massachusetts 02726
Phone : 508-673-7831 Fax : 508-567-5177

Family Name: _____

Address: _____

Town/State: _____ Zip: _____

Phone (home): _____(cell): _____

Email Address: _____

Father's Name: _____

Mother's First & Maiden Name: _____

Custodial Parent (if different from above): _____

Emergency Contact (other than parent): _____

Relation: _____ Cell: _____

For Eucharist I & II (Grades 1 & 2) & Confirmation I & II (Grades 8 & 9) students we MUST have correct sacramental information for the parish sacramental registers (Baptism ertificate, First Communion Certificate)
For all students, allergies and behavioral needs are important for the care and safety of all. Your assistance is very much appreciated.

Student Name: _____

D.O.B. _____ Gender: M F Grade in Sept 2025: _____

School attends: _____

Date of Baptism: _____

Church of Baptism: _____

City: _____

Allergies/special needs: _____

_____

Student Name: _____

D.O.B. _____ Gender: M F Grade in Sept 2025: _____

School attends: _____

Date of Baptism: _____

Church of Baptism: _____ City: _____

Allergies/special needs: _____

_____

Student Name: _____

D.O.B. _____ Gender: M F Grade in Sept 2025: _____

School attends: _____

Date of Baptism: _____

Church of Baptism: _____ City: _____

Allergies/special needs: _____

_____

Please include the Faith Formation fee $50 per one child, $95 for 2, $140 for 3 with your completed paper registration, or, if you are completing registration Online, please follow instructions to pay through the PayPal link. Registrations are not entered as complete until payment and form are received.

Yes, I can be of assistance in our Faith Formation Program:

Catechist (teacher): _____ Classroom aide: _____ Substitute: _____

Office aide: _____ Teen assistant: _____

Signature: _____ Date: _____