

**Saint Raphael Parish, Milford, CT**  
**G.I.F.T. (Growing in Faith Together)**  
**Faith Formation Registration Form 2025-2026**  
**Theme: Following Jesus Through the Church Year + Mary and the Saints**

(Please print legibly)

**Family Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please include last name if different from above.	Indicate an age group below				
Names of Adult, Teen, and Child Participants	Pre-School	Grade School	Middle School	High School	Adult
<i>At least one adult</i> is required to attend with children and teens. Include adult and youth names below.	Check box	Indicate grade	Indicate grade	Indicate grade	Check Box
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>

If your family is participating in any faith formation program—monthly GIFT and/or Sacramental preparation—please complete this form. Please return the form with the **\$75 registration fee (per family per year)** by **September 23, 2025**—with check payable to Saint Raphael Parish. For questions re: GIFT registration including the registration fee, please contact Maria Tomasetti, **203-988-8598** (cell phone) or [atomasetti@snet.net](mailto:atomasetti@snet.net).

Please indicate your first choice and second choice below (if possible).

Session Day	Start/End Times	Choice	Dates (2025-2026)
Sunday	12 noon* – 2:15 pm		9/21, 10/26, 11/23, 1/25 (Empowering God's Children), 2/22, 3/22, 4/19
Tuesday	6:00 pm* – 8:15 pm		9/23, 10/28, 11/18, 12/16, 1/27 (Empowering God's Children), 2/24, 3/24, 4/21, 5/5

\*The first 30 minutes of each session is for our shared dinner, e.g., pizza. The Tuesday December and May dates are for the Advent/Christmas and Easter Celebrations. For the month of November only, the Tuesday date is before the Sunday date. See Information Sheet for more details.

**Please indicate if you have a family member to register in one of our Sacramental preparation programs:**

First Reconciliation:	Name:		Grade:		Date of Birth:	
First Eucharist:	Name:		Grade:		Date of Birth:	
Confirmation:	Name:		Grade:		Date of Birth:	

**Please list any special needs we should be aware of, e.g., allergies, special learning needs. \_\_\_\_\_**

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**Saint Raphael Parish Office/501 Naugatuck Avenue/Milford, CT 06460/  
(203) 874-0634, x10 (Faith Formation) and [www.saintraphaelmilford.org](http://www.saintraphaelmilford.org)**