

Schedule of Natural Family Planning Classes Sponsored by the Archdiocese of Philadelphia
(Each class consists of two 2-hour sessions)

For more information, contact 215-587-3516 or tseyfer@adphila.org.

<p>October 15 and 22, 2009 St. Margaret Church 208 North Narberth Ave. Narberth, PA 19072 7:00-9:00 pm Group # NFP 3230</p>	<p>January 22 and 29, 2010 Mercy Suburban Hospital 2701 DeKalb Pike Norristown , PA 19401 7:30-9:30 pm Group # NFP 3235</p>	<p>April 12 and 19, 2010 St. Margaret Church 208 North Narberth Ave. Narberth , PA 19072 7:00-9:00 pm Group # NFP 3238</p>
<p>October 15 and 22, 2009 (in Spanish) St. Alice Church 129 Copley St. (next to Convent bldg.) Upper Darby, PA 19082 7:00-9:00 pm Group # NFP 3234</p>	<p>February 3 and 10, 2010 St. Ignatius Church 999 Reading Avenue Yardley , PA 19067 7:30-9:30 pm Group # NFP 3236</p>	<p>May 11 and 18, 2010 St. Ignatius Church 999 Reading Avenue Yardley , PA 19067 7:30-9:30 pm Group # NFP 3239</p>
<p>November 21, 2009 The Provincialate of the Sisters of the Holy Redeemer 521 Moredon Road Huntingdon Valley, PA 19006 10 am – 2 p.m. Group # NFP 3228</p>	<p>March 8 and 15, 2010 St. Margaret Church 208 North Narberth Ave. Narberth , PA 19072 7:00-9:00 pm Group # NFP 3237</p>	<p>May 14 and 21, 2010 Mercy Suburban Hospital 2701 DeKalb Pike Norristown , PA 19401 7:30-9:30 pm Group # NFP 3240</p>

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Archdiocese of Philadelphia
Natural Family Planning Class Registration Form

- To register, return this form and a check for \$100 to: Family Life Office, 222 N. 17th Street, Philadelphia, PA 19103 (215-587-5639).
- Financial Assistance is available. Please call for information.

1st Choice Group #: _____; Dates of Classes: _____
 2nd Choice Group #: _____; Dates of Classes: _____

Female Name: _____
 Address: _____
 City/State/Zip: _____
 County: _____
 E-mail: _____
 Phone (cell): _____
 Phone (work): _____
 Phone (home): _____
 Religion: _____
 Parish: _____

Male Name: _____
 Address: _____
 City/State/Zip: _____
 County: _____
 E-mail: _____
 Phone (cell): _____
 Phone (work): _____
 Phone (home): _____
 Religion: _____
 Parish: _____

Married? Yes/No (circle)
 Engaged? Yes/No (circle); If yes, date of wedding: _____
 Been taught NFP before? Yes/No (circle); If Yes, Method(s) of NFP: _____
 Used NFP before? Yes/No (circle); If Yes, Method(s) of NFP: _____
 Are you being required by your parish priest to take this NFP class? Yes/No (circle)
 Special needs for the class (disability access, etc.): _____

Office Use: Date Application Received: _____ Payment #: _____ Amount: _____ Confirmed: _____