## Fourteen Holy Helpers Religious Education Registration 2020-2021

Family Name :_	F	Parish:		Telephone #:	Cell #	t:
Address:		Zip Code:		Email Address:		
				Father's Name		
\$50.00 per chil	d. Sacramental Fees will be a	ssessed a	t a later date.			
Are there any c	custody arrangements we need	d to be aw	vare of? If,	yes, please attach	a copy of pertinent docu	uments.
Where did you	r child(ren) attend Religious E	ducation/	Catholic School	last?		
Child's First	Last Name if other than	Birth	Rel Ed Grade	School Attending	Sacraments Received	Special Needs
Name	Family Name	Date	for 20/21	this fall	Y/N	(learning, medical, Allergies, etc)
					Baptism: Reconciliation: Eucharist:	
					Baptism: Reconciliation: Eucharist:	
					Baptism: Reconciliation: Eucharist:	
					Baptism: Reconciliation: Eucharist:	
Emergency con	tact (during religious education	n hours):	·	· · ·		·
Name:			Relation	ship:		
	Cell phone:					
Please call me;	; I am interested in volunteerii	ng as a	catechist	Catechist Asst	Office Aide	Special Events
All Students	registering for the first time	in our pro	gram MUST ind	lude a copy of the	ir baptismal certificate i	f not baptized at Fourteen H
			-	Helpers.		
			0	ffice Use:		
Payment: \$	cash \$	che	ck #			
Initial:	Date:					