

## Fourteen Holy Helpers Religious Education Registration 2024-2025

Family Name : \_\_\_\_\_ Parish: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name (Maiden) \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single Child resides with \_\_\_\_\_

Are there any custody arrangements we need to be aware of? \_\_\_ If, yes, please attach a copy of pertinent documents.

**Please sign on the line to authorize Faith Formation to use any pictures taken for our social media.** \_\_\_\_\_

**\$75.00 for 1 child, \$110.00 for 2, \$135.00 for three.**

Where did your child(ren) attend Religious Education/Catholic School last? \_\_\_\_\_

Child's First and Last Name	Date of Birth	Religious Ed Grade Grade 24-25	Public School Attending This Fall	Sacraments Received Church and Date	Special Needs (learning, medical, allergies, etc.)
				Baptism: Reconciliation: Eucharist:	
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Emergency contact (during religious education hours):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please call me; I am interested in volunteering as a \_\_\_ Catechist \_\_\_ Catechist Asst \_\_\_ Office Aide \_\_\_ Special Events \_\_\_

**Students registering for the first time in our program MUST include a copy of their baptismal certificate if not baptized at Fourteen Holy Helpers.**

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**Office Use:**

Payment: \$ \_\_\_\_\_ cash      \$ \_\_\_\_\_ check # \_\_\_\_\_      Initial: \_\_\_\_\_      Date: \_\_\_\_\_