**Fourteen Holy Helpers Religious Education Registration 2020-2021**

Family Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mother’s Name (First & Maiden) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$50.00 per child. Sacramental Fees will be assessed at a later date.**

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

Where did your child(ren) attend Religious Education/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 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 \_\_\_\_\_

**All 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**