

St. Helena's

Day(s) Requested for Religious E

e-mail _____

Religious Education Registration Form\Family Data Sheet

Family Name _____ Home Phone _____

To whom and with what title should mail be addressed? _____

Address _____
Number Street City/State/Zip

In case of Emergency Contact: _____

EmergencyPhone: _____ Emergency Relationship: _____

Father's Name _____ Religion: _____ Occupation: _____ Wk. Phone: _____

Mother's Name _____ Religion: _____ Occupation: _____ Wk. Phone: _____

Mother's Maiden Name _____

Child's Name (last if different)	Gender	Birth Date	Grade	School	Baptism Date Church - City	First Eucharist Date	Confirmation Date

Please specify if child(ren) have any special needs such as medical/learning etc. _____

Where did child(ren) participate in Religious Education last year if not at our Parish? _____

Please check All that apply

- 2 parents at home
- Mother Deceased
- Father Deceased
- Divorced/Separated
- Mom has remarried
- Child(ren) with Mom
- Dad has remarried
- Child(ren) with Dad
- Child(ren) with Adult other than parent

Name and Religion of Step-Parent _____

Name and address if mail should also go to non-custodial Parent

FOR OFFICE USE ONLY:
 Amt. due: _____ Amt. Paid: _____ Balance due: _____
 Check #: _____ M.O. #: _____ Cash: _____

Parent's Signature _____
 Date _____