

Fourteen Holy Helpers Religious Education Registration 2019-2020

Family Name : _____ Parish: _____ Telephone #: _____ Cell #: _____

Address: _____ Zip Code: _____ Email Address: _____

Mother's Name (Maiden) _____ Father's Name _____

\$25 per child.

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? If applicable _____

Child's First Name	Last Name if other than Family Name	Birth Date	Rel Ed Grade for 19/20	School Attending this fall	Date and place of Baptism	Special Needs learning, medical, Allergies, etc)
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					Baptism:	
					Baptism:	

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: _____