**Church of St. Helen Registration form**

# **Parish School of Religion** Reconciliation & Eucharist 2019-2020

12060 Kinsman Road**Sacramental Fee**: $40.00



Newbury, Ohio 44065

440-564-7125 x211

mflauto@sthelen.com

Student’s NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(as you want it to appear on all forms/certificates for the church)

Student’s Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(month/day/year)

child attends: \_\_\_\_\_st. helen school \_\_\_\_ st. helen psr \_\_\_\_\_Other

\_\_\_\_ notre dame elem. \_\_\_\_\_ Homeschool

Church of baptism\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(include year at least)

city/state of church above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*You MUST include a copy of the Baptismal certificate if your child was not baptized at st. Helen

Father’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last First Maiden\*

address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

Parent(s) Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(this is how we will primarily communicate with you)

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE HOME PHONE

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Payment of $40.00 is due by October 9th

Please make checks payable to St Helen Church

Payment of $40.00 enclosed \_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_

check # cash