

St. Helena & St. Patrick Religious Education Registration [2017-2018]

Today's Date: _____ *please complete both sides of this form*

Father's Name:		Mother's Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email:		Email:	

Is your family registered at St. Helena's/St. Patrick's? Yes No (check one) If no, which parish/church do you attend? _____

Child Info	First Name	Last Name	Gender (M/F)	Birth date (m/d/y)	Age	Grade in 2017-2018	School	List any special needs: Allergies, medical, etc.	Sacraments already received
Child #1									___ Baptism ___ Confession ___ 1 st Communion ___ Confirmation
Child #2									___ Baptism ___ Confession ___ 1 st Communion ___ Confirmation
Child #3									___ Baptism ___ Confession ___ 1 st Communion ___ Confirmation
Child #4									___ Baptism ___ Confession ___ 1 st Communion ___ Confirmation
Child #5									___ Baptism ___ Confession ___ 1 st Communion ___ Confirmation

If your child was NOT baptized at St. Helena's/St. Patrick's, a copy of your child's baptismal certificate must be on file in the parish office before the other sacraments can be received. Please call Father with any questions.

Religious Education Registration Fee:

Fees help provide teaching and activity material, books, videos, etc. Payment options available, and fees may be waived, talk to Father.

\$25 per child (\$50 family maximum)

Total Due: _____ **Date Rec'd:** _____ **Amount Paid:** _____ **Check #** _____ **Cash** _____ **Initials** _____

Photo Release Form for a Minor

I, _____, (minor(s)) have consent of my (parent/guardian) _____

that the pictures or video recordings and/or other works in which I/we appear, and/or audio recordings of my/our voice may be used by St. Helena's/St. Patrick's, Ellendale, Fullerton, North Dakota, in the manner they desire, including print, television, and internet.

Names will not be posted of people under the age of 18 appearing on St. Helena's Website or other electronic sites.

Name of Minor(s): _____ Date: _____

Signature of parent/guardian: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Check Here, and Sign below if you do NOT want your child(ren) to be included in the pictures, videos, audio recordings, or internet content that may be published by St. Helena's/St. Patrick's.

Signature of Parent/Guardian: _____ Date: _____