

Check Number _____
Amount _____

Child's Last Name: _____

ST. HELEN CHURCH RELIGIOUS EDUCATION REGISTRATION FORM 2009/2010

SPECIAL NOTE FOR NON-PARISHIONERS: Permission to join our programs should be obtained from the Faith Formation leader at your home parish. For those not registered at a parish, you may register at St. Helen by calling the rectory at 235-1210.

CHILD INFORMATION (please print)

Full Name _____ Age _____ Male ___ Female ___

Date of Birth _____ School Attending _____ Grade in Fall '09 _____

Did your child attend St. Helen Faith Formation last year?

Yes ___ No ___ (If not, where and when?) _____

Health Concerns/Special Needs: _____

FAMILY INFORMATION (please print)

Father's Name _____ Religion _____
(First) (Last)

Mother's Name _____ Religion _____
(First) (Maiden) (Last)

Address _____ City _____ Zip _____

Phones: Home _____ Mother's Cell _____ Work _____

Father's Cell _____ Work _____

E-Mail Address _____

EMERGENCY INFORMATION

Who should be notified in case of an emergency if parent cannot be reached?

NAME _____ PHONE _____

RELATIONSHIP TO CHILD _____

REGISTRATION INFORMATION Check the program(s) for which you are registering:

____ **YOUTH FAITH FORMATION RELIGIOUS EDUCATION** (Grades PK -12)
(Standard faith formation for all children not attending parochial school)

SACRAMENTS OF INITIATION ~ Check the sacrament preparation for which you are registering:

___ First Reconciliation ___ Confirmation ___ 1ST Communion ___ RCIC

Complete Sacrament Information on back 

COMMITMENT STATEMENT ~ I understand enrolling my child in Faith Formation at St. Helen requires commitment on my part to see that my child is present for **ALL** meetings unless the child is ill or other family circumstances arise. I also agree to do all I can to enrich the faith of my child at home. **This includes seeing that my child attends Mass consistently.**

Parent/Guardian Signature _____

IF YOU ARE REGISTERING **ONLY** in Youth Faith Formation Religious Education, write the name of the **church** where your child **RECEIVED** that sacrament. (The exact date is not necessary.)

IF YOU ARE REGISTERING TO PREPARE FOR A SACRAMENT PLEASE **complete all** information below with Church Name, Address and Date of each sacrament your child has completed so far. **If you do not know the complete date of the sacrament please contact the church of your child's baptism.**

Baptism _____ Date _____
(church name & address)

1st Communion _____ Date _____
(church name & address)

1st Reconciliation _____ Date _____
(church name & address)

Confirmation _____ Date _____
(church name & address)

REGISTRATION FEE

Fee covers expense of workbook and other related materials.

FAITH FORMATION (Grades PK - 12): 1 Child \$55.00 / 2 or more children \$100.00

SACRAMENTAL PREPARATION: \$25.00 per child for each series of Sacramental Preparation

Scholarships for registered parishioners are available based on need. Contact Debbie DiFilippo (235-1210).

Out of Parish Fee: An additional \$15.00 per child will be added to the registration fee.

Please return a Registration Form (for each child) and appropriate fees (payable to St. Helen Church) to:

St. Helen Church
Youth Faith Formation
310 Hinchey Road
Rochester, New York 14624

FAX: 235-8018

E-MAIL: ddfifilippo@dor.org

Our Youth Faith Formation Program cannot function properly without the help of the volunteer ministry of parents. Please consider sharing your gifts and time with the children. If you are hesitant...training, support and encouragement are offered!

Please check your area of interest and you will be contacted immediately:

Teacher (catechist) _____

Children's Liturgy _____

Substitute Teacher _____

Teacher's aide _____

***New volunteers: The Diocese of Rochester requires ALL people working with children to complete a 2-hour training session and have a background check.**