

# St Helen Catholic Church

Religious Ed. Registration

Term: 2024-2025

2209 Old Alvin Road, Pearland, TX 77581

Parishioner ID# \_\_\_\_\_ Today's Date \_\_\_\_\_

<b>Family Mass Attendance:</b>		(Circle)	Saturday	5pm
Sunday	7am	9am	10:30am	12pm
				5pm

## Family Information

Please Print

Family Last Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Catholic? Yes  No

Mother's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Catholic? Yes  No

Home Phone: \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

City, ST Zip Code: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

## Student #1 Information

## Student #2 Information

Child's Name: \_\_\_\_\_

Child's Name \_\_\_\_\_

Sex:  Male  Female Check Sacraments Received

Sex:  Male  Female Check Sacraments Received

Birth Date: \_\_\_\_\_  Baptism

Birth Date: \_\_\_\_\_  Baptism

Grade: \_\_\_\_\_  Communion

Grade: \_\_\_\_\_  Communion

Session: \_\_\_\_\_  Confirmation

Session: \_\_\_\_\_  Confirmation

Class: \_\_\_\_\_

Class: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc.) \_\_\_\_\_

## Student #3 Information

## Student #4 Information

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Sex:  Male  Female Check Sacraments Received

Sex:  Male  Female Check Sacraments Received

Birth Date: \_\_\_\_\_  Baptism

Birth Date: \_\_\_\_\_  Baptism

Grade: \_\_\_\_\_  Communion

Grade: \_\_\_\_\_  Communion

Session: \_\_\_\_\_  Confirmation

Session: \_\_\_\_\_  Confirmation

Class: \_\_\_\_\_

Class: \_\_\_\_\_

**Special Needs:** (Medical, Learning disabilities, Physical Disabilities, etc.) \_\_\_\_\_

PHOTO CONSENT: I grant permission for me/my child to be photographed for print/website/publication. It is my understanding that any photography portions thereof will be used for public view. There will be no financial remuneration and I understand that this releases St Helen Catholic Church and the Archdiocese of Galveston-Houston from future claims as from any liability arising from the use of said photographs.

Parents Signature \_\_\_\_\_

**Tuition: Parishioner Fee: \$125.00 Non-Parishioner Fee \$200.00**

**Paid: Parishioner \_\_\_\_\_ or Non-Parishioner \_\_\_\_\_**