



SAINT HELEN'S RELIGIOUS EDUCATION PROGRAM

8309 157th Avenue, Howard Beach, NY 11414-2625
(718) 916-2319

2020-2021 SCHOOL YEAR

Check one: This child is registering for grade: K 1 Other (specify) _____

If not baptized at St. Helen, a copy of the child's Baptismal Certificate must be submitted with this form. If baptized at St. Helen, the Baptismal date must be filled in.

Student's information (as it appears on the child's Birth Certificate)			
Last Name	First Name	Full Middle Name	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: ____ / ____ / ____	Place of Birth (City/State)	Number or Name of Public/Private School	Public/Private School Grade Level (Sept.):
Exact Baptismal Date: ____ / ____ / ____	Name of Church of Baptism (& City/State)	Was the Baptism in a Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check one: Student lives with: <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only			
<input type="checkbox"/> Mother & Stepfather Stepfather's Full Name: _____		<input type="checkbox"/> Father & Stepmother Stepmother's Full Name: _____	
<input type="checkbox"/> Legal Guardian (attach legal papers) Legal Guardian's Full Name: _____			

Family Information				
Custodial Parent's/Guardian's Current Last Name		Parish ID (Envelope) Number:	Number of Children: In Family: _____ In Program: _____	
House Number & Street	Apt. No.	City	State NY	Zip
Home Phone Area Code: () _____ - _____	Mother's Work Phone Area Code: () _____ - _____	Father's Work Phone Area Code: () _____ - _____		
Mother's Cell Phone Area Code: () _____ - _____	Father's Cell Phone Area Code: () _____ - _____			
Parent's Email Address (Required):	Check one: Main language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Italian <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____			

PARENT INFORMATION

Mother's Information (as it appears on the child's Birth Certificate)			
Maiden Name	First Name	Religion	Check one: <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Father's Information (as it appears on the child's Birth Certificate)			
Last Name	First Name	Religion	Check one: <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Legal Guardian's or Stepparent's Information			
Last Name	First Name	Religion	

TEXT AUTHORIZATION

If you wish to receive text messages on your cell phone in case of school closings and/or emergencies, please provide the following information:	
<input type="checkbox"/> I agree to allow St. Helen's Religious Education Department to contact me by text message on my cell phone:	
Name: _____	Relationship to Child: _____
Cell Phone Number: _____	Cell Phone Company _____ (Must Provide)

EMERGENCY CONTACT INFORMATION

In the event of an emergency, the parent/guardian is the first person we will call. However, in the event we cannot reach you, we must have an emergency contact. **This contact must be a person the child knows, but who does not live with the child. It must be someone in the local area.**

Emergency Contact Full Name:	Relationship to child (aunt, grandparent, neighbor, family friend, etc.)
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Emergency Contact Phone (must be a local home or cell number)	Be sure this is the number the person may be reached at during the child's class time.
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MEDICAL / EDUCATIONAL CONCERNS

Please use the space below to let us know about any medical conditions that may affect your child so we can better help your child in an emergency.

Please use the space below to let us know about any learning problems your child may have so we can help make this a positive learning experience for your child.

Parent Signature: _____ **Date:** _____

TRANSFER INFORMATION

The following information is required for anyone registering a child for grade 2 and up. For proper placement, a transfer paper from a previous program must be submitted with this form. ALL the appropriate DATES MUST be filled in for us to process this registration.

Did the student attend another program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Last Date Attended _____ / _____ / _____	If yes, Grade completed _____
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Name of Parish	Complete Address of Parish
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Did the student receive First Penance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Month & Year _____ / _____ / _____	First Penance Church:
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Did the student receive First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Exact Date _____ / _____ / _____	First Communion Church
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FOR OFFICE USE ONLY

Student ID: _____ Date Received: _____ / _____ / _____ Check / Money Order / Cash Receipt #: _____

Amount Rec'd.: \$ _____ Recorded in Computer: _____ / _____ / _____ By: _____