

St Helen's Religious Education Program



83-09 157th Avenue
Howard Beach, NY 11414
718-322-7700
info@sthelensreled.org

Thank you for your interest in our Religious Education Program. The St. Helen's Religious Education Program offers Catholic Religious instruction to children in grades Kindergarten through 7 for registered members of the St. Helen's Parish. Our schedule is as follows:

- Monday, 7:00pm - 8:15pm: Grades 6 & 7
- Wednesday, 3:45pm - 5:00pm: Grades K - 3rd
- Thursday, 3:45pm - 5:00pm: Grades 4 & 5

Registration Fee:

- Registration forms received up to and including July 14, 2023:
 - \$100 per child.
- Registration forms received after July 14, 2023:
 - \$125 per child.

Payment may be made by check, money order or cash, checks and money orders are to be made payable to: St. Helen R. C. Church. Registration forms paid by check or money order ONLY may be mailed or dropped off at the St. Helen's Parish Rectory mailbox, please DO NOT mail cash.

INFORMATION / DOCUMENT(S) REQUIRED:

- St. Helen's Parish ID number; this number may be found in the contribution envelopes. Non-registered interested families may register at the St. Helen's Rectory or online at: sthelen.org
- Copy of Baptism Certificate for children not Baptized at St. Helen's Parish. Children Baptized at St. Helen's the exact Baptism date must be provided.

Registration forms must be received with payment and Baptism certificate (when applicable). No partial submissions will be accepted or processed.

Please register your child as soon as possible in order to guarantee your child a timely start date.

Best Regards,

Ms. H. Vizoso

Director of Religious Education
St. Helen's Religious Education Program
718-322-7700
info@sthelensreled.org





SAINT HELEN'S RELIGIOUS EDUCATION PROGRAM

8309 157th Avenue, Howard Beach, NY 11414-2625
(718) 322-7700

Please Print Clearly

2023 - 2024 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 <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Legal Guardian (<i>attach legal papers</i>) Stepfather's Full Name: _____ Stepmother's Full Name: _____ 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 — Continued on Next Page —

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.)
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.

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 _____
Name of Parish	Complete Address of Parish	
Did the student receive First Penance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Month & Year _____ / _____ / _____	First Penance Church:
Did the student receive First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Exact Date _____ / _____ / _____	First Communion Church

FOR OFFICE USE ONLY

Student ID: _____	Date Received: _____ / _____ / _____	Check / Money Order / Cash Receipt #: _____
Amount Rec'd.: \$ _____	Recorded in Computer: _____ / _____ / _____	By: _____