



# St. Helena Catholic Church

## 2019-2020 Faith Formation Registration

Today's Date: \_\_\_\_\_

Parish ID#: \_\_\_\_\_

### FAMILY INFORMATION

Please complete the family information. Please write clearly and answer all the questions.  
**Email is our main form of communication.**

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

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

Father's Cell / Work: \_\_\_\_\_

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

Father's Religion: \_\_\_\_\_

Father Language:  English  Spanish  Both  Other: \_\_\_\_\_

May we text you?  Yes  No

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

Mother's Cell / Work: \_\_\_\_\_

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

Mother's Religion: \_\_\_\_\_

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

May we text you?  Yes  No

Mother's Language:  English  Spanish  Both  Other: \_\_\_\_\_

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

City, ST Postal: \_\_\_\_\_

Parent Marital Status:  Married  Divorced  Separated  Widowed  Single

Child(ren) reside(s) with:  Both Parents  Mother  Father  Other (explain): \_\_\_\_\_

**Should we be aware of any special family circumstances?** (e.g. with parent every other weekend, divorce, etc.)

\_\_\_\_\_

**Who can pick up your child(ren) from Religious Education?**

\_\_\_\_\_

**Who can NOT pick up your child(ren) from Religious Education?**

\_\_\_\_\_

### EMERGENCY CONTACT

If we cannot reach any of the parents, who should we contact in case of an emergency?

Contact Name: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Emergency Email: \_\_\_\_\_

### VOLUNTEER OPPORTUNITIES



Our program cannot exist without your help! Please review the list below and consider if you might be able to help with any of the following positions. We provide all training and materials needed, and free Faith Formation to the children of those that volunteer. Email ([amyann@sthelena.org](mailto:amyann@sthelena.org)) or text (832.930.0725) Amy Ann for questions.

Lead Catechist (weekly)

Catechist Aide (weekly)

Substitute Catechist (as needed)

Session Admin (weekly, assist with front desk needs)

Office Helper (as needed)

Hall Monitor (Weekly)

Kitchen Team (as needed)

Retreat/Workshop Team (as needed)

needed)

**FAITH FORMATION SESSIONS**

Sessions are held weekly. Please select the appropriate session for your child or you. If you are seeking for your child to receive a sacrament, there will be additional formation needed, such as family meetings, retreats, and at home study.

GRADE	Description	SUN.	MON.	TUES.	WEDNES.	THURS.
<b>Kids in the Kingdom</b>	PreK & Kinder	10a-11a <b>or</b> 12p-1p				
<b>RE / First Communion</b>	<b>Elementary</b> 1st-5th Grade	8:30a-9:45a	6:30p-7:45p			
<b>MS RE / EDGE</b>	<b>Middle School</b> 6th-8th Grade				7p - 8:30p	
<b>RE/ Confirmation</b>	<b>High School</b> 9th-12th Grade					7p - 8:30p
<b>RCIA</b>	Ages 7+ that have not been baptized	Must attend 10am Mass. Session: 11:30a - 1p				
<b>Adult Confirmation</b>	Adults (18+); Beings Spring 2020			7p - 8:30p		



**FEES**

**FAITH FORMATION**

*This applies to every child in our faith formation program from Prekinder to 12th grade.*

**Elementary, Middle School, & High School** \$50 for the first child; \$25 for every child after, caps at \$125

**FIRST COMMUNION YEAR 1**

First Communion Year 1 per child \$10  
 First Communion Retreat per child \$5

**FIRST COMMUNION YEAR 2**

First Communion Year 2 per child \$50  
 First Communion Retreat Fee per child \$15

**CONFIRMATION YEAR 1**

Confirmation Year 1 per child \$10  
 Confirmation Year 1 Retreat per child TBD

**CONFIRMATION YEAR 2**

Confirmation Year 2 per child \$50  
 Confirmation Year 2 Retreat Fee per child TBD

**RCIA for CHILDREN (RCIC) YEAR 1**

RCIC per child Included in FF Fee  
 RCIC Retreat Fee per child No Retreat

**RCIA for CHILDREN (RCIC) YEAR 2**

Fee per child Included in FF Fee  
 RCIC Retreat Fee per child \$30.00

**ADULT RCIA**

Fee per Adult \$50.00  
 Retreat Fee per Adult \$30.00

**ADULT CONFIRMATION**

Fee per Adult \$50.00  
 Retreat Fee per Adult \$30.00

**Minimum \$25 due at registration. Remaining balance is due by January 3, 2020.**

**Retreat fees due a week before the retreat.**

**DOCUMENTS NEEDED**

Please provide original documentation only. We will make copies in our office. All documents are due by October 4, 2019.

- First Communion**  Birth Certificate  Baptism Certificate
- Confirmation (Youth & Adult)**  Birth Certificate  Baptism Certificate  First Communion
- RCIA & RCIC**  Birth Certificate  Baptism Certificate (If baptized Catholic or any other denomination)



**NOTE:** If your child received a sacrament at St. Helena, and you do not have a certificate, you must request a duplicate. Baptism Certificates can be requested at the Parish Office. First Communion & Confirmation Certificates can be requested at the RE Office.



Please complete the following information for the student. All information needed is for the 2019-2020 year.

## ADDITIONAL STUDENT INFORMATION

**Student's Full Name:** \_\_\_\_\_

Gender:  Male  Female      Birth Date: \_\_\_\_\_      Grade: \_\_\_\_\_      Age: \_\_\_\_\_

### Special Considerations

Is there any other information about the student's health (visual or hearing problems, learning disabilities, special needs, etc.), that you think we should be aware of, which may be relevant to the student's health and safety, or the health and safety of others in the religious education program? **This information will be made available to their catechist.** Please explain:

\_\_\_\_\_

\_\_\_\_\_

Does the student have any food or medication allergies? \_\_\_\_\_

Does the student require an aide?  Yes  No

### Please select the sacraments that you are seeking for your child:

Baptism       Reconciliation       Communion       Confirmation

**Did your child attend Faith Formation during 2018-2019.**  Yes  No

**If so, where?** \_\_\_\_\_

*If your child participated in Faith Formation/ Religious Education/ Sacramental Formation, please provide a letter of attendance along with registration.*

**Which session would you like your child to attend?** \_\_\_\_\_

### Sacramental Information

*Only select the sacraments that this student **has** received and fill in the information needed below.*

Baptism

Name of Church: \_\_\_\_\_

City, State: \_\_\_\_\_      Date: \_\_\_\_\_

Reconciliation

Name of Church: \_\_\_\_\_

City, State: \_\_\_\_\_

Eucharist

Name of Church: \_\_\_\_\_

City, State: \_\_\_\_\_      Date: \_\_\_\_\_

Confirmation

Name of Church: \_\_\_\_\_

City, State: \_\_\_\_\_      Date: \_\_\_\_\_

*Please provide original documentation only. We will make copies in our office.*

*If your child received a sacrament at St. Helena, and you do not have a certificate, you must request a duplicate. Baptism Certificates can be requested at the Parish Office & First Communion Certificates can be requested at the RE Office.*

**If you have additional student to register, please use 'Additional Student Information' Form.  
You can only register your children or those whom you have legal custody of.**

**PARENTAL/GUARDIAN PERMISSION, RELEASE, AND LIABILITY WAIVER**



**Medical Authorization**

\_\_\_\_\_ (Initial) I understand that in the event medical intervention is needed every attempt will be made to contact me or the emergency contacts immediately. In the event I cannot be reached, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize or to secure medical treatment the physician has deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I understand all reasonable safety precautions will be taken at all times by St. Helena Catholic Church's staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. Helena Catholic Church, the Archdiocese of San Antonio, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Does your child(ren) have Medical Insurance?     Yes     No

If **yes**, please provide an updated copy of the Medical Insurance Card when submitting this registration form.

**Photo/ Video Consent & Release**

I understand and consent to the use of any videotape, photographs, slides, audio tapes and any other visual or audio reproduction in which my child may appear by St. Helena Catholic Church. I understand that these materials are being used for the promotion of St. Helena Catholic Church that includes volunteer recruitment, Internet, and fund raising efforts.

Please initial to only one below.

\_\_\_\_\_ I give permission for my child(ren) to be photographed and interviewed and permission to have my children's names used. If a photograph of a student is used on our webpage, only a student's first name will appear on the webpage.

\_\_\_\_\_ I do not want my children photographed or interviewed and do not want their names used.

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**OFFICE USE ONLY**

**FORMS**

Date submitted: \_\_\_\_\_ Received by: \_\_\_\_\_ Date entered ParishSoft: \_\_\_\_\_

**PAYMENTS**

FF Fee: \$ \_\_\_\_\_ Sacramental Fee: \$ \_\_\_\_\_ Retreat Fee: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

# 1: \$ _____	Date: _____	Receipt #: _____	New balance: _____	Entered PS: _____
# 2: \$ _____	Date: _____	Receipt #: _____	New balance: _____	Entered PS: _____
# 3: \$ _____	Date: _____	Receipt #: _____	New balance: _____	Entered PS: _____
# 4: \$ _____	Date: _____	Receipt #: _____	New balance: _____	Entered PS: _____
# 5: \$ _____	Date: _____	Receipt #: _____	New balance: _____	Entered PS: _____

**ADDITIONAL NOTES**

---



---



---



---



---



---