

St. Helen Religious Education Registration

◆◆ 2021-2022 ◆◆

Family Name: _____ **Date:** _____

Father/Guardian Name: _____ Religion: _____ Occupation: _____

Mother/Guardian Name: _____ Religion: _____ Occupation: _____

Child/Children Reside with: Both Parents _____ Father _____ Mother _____ Other (specify) _____

Address (where children resides): _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone (Dad): _____ Cell Phone (Mom): _____

Email (Dad) _____ Email (Mom) _____

Can we text the above cell numbers with class information? _____

Are you a registered member of St. Helen Parish? Yes No

Emergency Contact: Name _____ Relation: _____ Phone Numbers: _____

Covenant Promise: As parents we are aware of the need for continuing Christian conversion and development in our own lives and we are aware of our responsibility to share our faith by word and example with our children.

By sending our children to the Religious Education Program, we do not in any way lessen our own parental responsibility. We recognize it is both our obligation and privilege to instill in our children knowledge of God and the Church's teachings – to hand on to our children our Catholic heritage as we promised at our child's baptism. We will share our beliefs and help our children learn the lessons and prayers fundamental to our faith. Each week we will discuss the lesson taught and assist with the memorization of prayers and lessons (as needed). We will completely and prayerfully support the Religious Education Program at St. Helen Parish. We are aware of our own need for continuing religious growth and development as we share our faith with our children.

Therefore, we pledge to work on our own continuing faith journey so that we may always give good example and share our religious faith with our children. To this end we pledge:

- To attend Mass weekly on Sunday and Holy Days of Obligation with our children.
- To be the best possible example of a faith and joy filled Catholic to our children.
- To pray daily (privately and as a family) and to teach our children the importance of this habit in their daily lives.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

~ Complete All Pages ~

1st Child Full Name: _____ Grade: _____

Date of Birth: _____ Male _____ Female _____ School _____

Has this child received the following Sacraments? Circle the correct response. If answer is yes, give the year received.

Baptism? YES NO Year Received _____ **Reconciliation** (confession)? YES NO Year 1st received _____

Holy Communion? YES NO Year 1st received _____ **Confirmation?** YES NO Year received _____

Do you wish to have this child prepare to receive First Holy Communion or Confirmation at the end of this school year? _____

Please indicate any specific concerns that the Religious Education Team should know about your child including: medical, academic, physical, behavior, allergies, etc. _____

2nd Child Full Name: _____ Grade: _____

Date of Birth: _____ Male _____ Female _____ School _____

Has this child received the following Sacraments? Circle the correct response. If answer if yes, give the year received.

Baptism? YES NO Year Received _____ **Reconciliation** (confession)? YES NO Year 1st received _____

Holy Communion? YES NO Year 1st received _____ **Confirmation?** YES NO Year received _____

Do you wish to have this child prepare to receive First Holy Communion or Confirmation at the end of this school year? _____

Please indicate any specific concerns that the Religious Education Team should know about your child including: medical, academic, physical, behavior, allergies, etc. _____

3rd Child Full Name: _____ Grade: _____ Date of Birth: _____

_____ Male _____ Female _____ School _____

Has this child received the following Sacraments? Circle the correct response. If answer is yes, give the year received.

Baptism? YES NO Year Received _____ **Reconciliation** (confession)? YES NO Year 1st received _____

Holy Communion? YES NO Year 1st received _____ **Confirmation?** YES NO Year received _____ Do you

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Consent to Participate

I, the undersigned, being the parent or legal guardian of the child(ren) named above, do hereby consent to the participation of my child(ren) in the *Religious Education Program of St. Helen Catholic Parish*. I understand that this program will take place on the parish grounds, which includes, but is not limited to, St. Helen Parish Center and St. Helen Church. I certify that my child is medically able and adequately prepared to participate in all activities, which includes, but is not limited to, class instruction, various crafts, refreshments, and physical activity. If I wish to revoke this consent for any reason, I will promptly notify the pastor in writing.

Medical Treatment Authorization

In the case of any medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) at the number(s) listed. However, in the event that I cannot be reached, I understand that Emergency Medical Services (EMS)/911 will be called if the injury is life or limb threatening.

I do hereby, for myself and my child(ren) waive and release any and all claims against the Archdiocese of Louisville, the Fathers of Mercy, and St. Helen Parish, which includes, but is not limited to, parish clergy, teachers and volunteers. Furthermore, I for myself and my child(ren) will not hold the above persons responsible for any medical expenses incurred solely on the basis of this authorization. I further agree to notify the pastor or his designee in writing of any health changes that would restrict my child's participation in any activity. I also understand that the parish clergy, the Director of Religious Education, and/or the designated teachers reserve the right to restrict my child from any activity that they do not feel is within the capabilities of my child.

Signature of Parent/Guardian _____

Photo, Video, Website Release

I do hereby give and grant to St. Helen Catholic Parish permission to use my child(ren)'s name, photograph, and/or videotaped image for use in print or internet site promotions (including but not limited to parish website, Facebook, Bulletin, Newsletters) for St. Helen Catholic Parish.

_____**I Do**_____

_____**I Do Not**_____

Signature of Parent/Guardian _____

Date: _____

Child Full Name: _____ **Grade:** _____

Date of Birth: _____ Male _____ Female _____ School _____

Has this child received the following Sacraments? Circle the correct response. If answer is yes, give the year received.

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