St. Henry Catholic Church•2010-2011• Faith Formation Registration

Return only one form per family please
(2 sided)

All Faith Formation and Youth Ministry programs are provided by the generous stewardship of the members of Saint Henry Catholic Church. Your Gifts of Time, Talent and Treasure will be gratefully received. For more information on how you can share the gifts you have been given, please call the parish office at 272-3710 or email at: re@sthenryowasso.org or youth@sthenryowasso.org

Suggested donation-$25 per child to help defray costs.
All are welcome~ limited finances should never deter enrollment!

PARENT/GUARDIAN INFORMATION

Name:_____

Address:_____City_____ZIP_____

Phone Home _____ Student's cell _____ Student's cell _____ Student's cell _____

Mom's work _____Mom's cell _____Dad's work_____ Dad's cell_____

Can you be called at work for non-emergency reasons? **Mom** ❑ yes ❑ no **Dad** ❑ yes ❑ no

E-mail addresses • In an effort to defray postage costs, information will be sent via e-mail whenever possible. Please provide your address and check your mail frequently. **We DO NOT have email. _____ Please mail all correspondence via US Mail.**

Main Family_____ Mom _____ ___Dad _____

Student_____ Student_____ Student_____

STUDENT INFORMATION

Name	Gender (m/f)	DOB	Grade

Student(s) reside with *(check one)* ❑ both parents ❑ mother ❑ father ❑ guardian

If student(s) last name is **different** from guardian's last name, please give child's last name _____

Will you substitute if needed? ❑ YES ❑ NO Which session (s)? _____Sunday AM _____Wed. PM (5-7th) _____ Wed. PM (8th-10th)

Did student attend here at St Henry? ❑ YES ❑ NO
If other location, where? _____

when? _____

It is our goal to meet the needs of all students. Please respond to the following questions. All information is confidential.

Does your student have any special needs? ❑ YES ❑ NO
If **yes**, list_____

Does your student take medications? ** ❑ YES ❑ NO
If **yes,** list _____

Does your student have a learning challenge or disability? ❑ YES ❑ NO
If **yes**, list _____
****Medications taken for school should be taken for church classes as well.**

Additional information that would help us meet the needs of your student _____

_____

Continued on reverse

EMERGENCY CONTACT INFORMATION (other than parent; e.g. extended family, friend, or neighbor)

Name	Relationship to student	Phone(s)

Sacraments Received
Please list year & Church

Student name	Grade	Baptism	Reconciliation	Eucharist	Confirmation

Medical Release for Faith Formation and Youth activities

_____
_____(children's I/We, the undersigned parent(s) or legal guardian(s) of names) do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor(s) under the general, specific or special request of Faith Formation Department staff. This consent will remain in effect from September 2010, until August 31, 2011. I understand that every precaution will be taken to ensure my son(s)/ daughter(s)/ward(s) safety. Should an accident occur, I will not hold the Church of St. Henry or the Diocese of Tulsa or its paid staff or volunteer staff responsible. Further, I understand that attempts will be made to immediately contact me should an accident occur. I understand that an ambulance or emergency personnel will be requested if deemed necessary. Payment for medical/dental emergencies is the sole responsibility of the parent(s)/guardian(s). **Signing of this document also gives permission for photos to be taken of my child/ren for promotional purposes in Parish, Diocesan and local newspapers, newsletters and/or web pages.**

Signature: Parent/Guardian_____ **Date** _____

Signature: Parent/Guardian_____ **Date** _____

Separate info will be emailed out regarding **CROSS** (post Confirmation students), **ROC** (Junior High)

- **CROSS**—Christians Reaching Out with Scripture & Service
- **ROC**-Reaching Out for Christ