

## St. Henry Catholic Church 2011-2012 Faith Formation Registration

All Faith Formation is paid for through donations from parents and by the generous stewardship of the members of Saint Henry Catholic Church. The average cost per student is \$175, which includes administrative, salaries, catechist training, and resources.

**\*Suggested donation: \$25 per child\*      \*All are welcome~ limited finances do not deter enrollment!\***

|  |                  |      |
|--|------------------|------|
| <b>Father/<br/>Guardian name</b>                             |                  |      |
| Home Phone   | Work             | Cell |
| Mailing Address  | City, State, Zip |      |
| E-mail   |                  |      |
| <b>Mother/<br/>Guardian Name</b>                             |                  |      |
| Home Phone   | Work             | Cell |
| Mailing Address<br><small>(If different from father)</small> | City, State, Zip |      |
| E-mail   |                  |      |

**Children/ Youth Registrations** (Please fill out for each child, use additional form if necessary)

|   |        |         |                |           |              |                 |
|---|--------|---------|----------------|-----------|--------------|-----------------|
| First   | Middle | Last    | Sex            | Birthday  | Grade        | School District |
| E-mail  |        |         | Cell           |           |              |                 |
| Sacraments Received (dates)<br><small>(Copy of Baptism Certificate is needed for 1<sup>st</sup> Communion and Confirmation)</small> |        | Baptism | Reconciliation | Eucharist | Confirmation |                 |
| Student lives with:    Both Parents    Mother    Father    Guardian   |        |         |                |           |              |                 |

|   |        |         |                |           |              |                 |
|---|--------|---------|----------------|-----------|--------------|-----------------|
| First   | Middle | Last    | Sex            | Birthday  | Grade        | School District |
| E-mail  |        |         | Cell           |           |              |                 |
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|   |        |         |                |           |              |                 |
|---|--------|---------|----------------|-----------|--------------|-----------------|
| First   | Middle | Last    | Sex            | Birthday  | Grade        | School District |
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| Student lives with:    Both Parents    Mother    Father    Guardian   |        |         |                |           |              |                 |

**Please complete Medical Release on back**

## St. Henry Catholic Church – Medical Release

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

Did your children attend RE classes at St. Henry last year?  yes  no

If not, where did they attend? \_\_\_\_\_ How long? \_\_\_\_\_

Do any of your children have any special needs?  yes  no If **yes**, list (include name):

\_\_\_\_\_

Do any of your children take medications?  yes  no If **yes**, list name and medication:

\_\_\_\_\_

Does your student have a learning disability?  yes  no If **yes**, list name and disability:

\_\_\_\_\_

**\*\*Medications taken for school should be taken for RE classes as well.**

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

\_\_\_\_\_

\_\_\_\_\_

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

| Name | Relationship | Phone(s) |
|------|--------------|----------|
|      |              |          |
|      |              |          |
|      |              |          |

### Medical Release for Religious Education and Pre-RE activities

I/We, the undersigned parent(s) or legal guardian(s) of:

\_\_\_\_\_

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 Religious Education Department staff. This consent will remain in effect from September 1, 2011, until August 31, 2012. 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).

**Signature: Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**We need you! Please indicate below if you can help as one of the following:**

\_\_\_\_\_ Catechist- grade level preferred \_\_\_\_\_

\_\_\_\_\_ Substitute- grade level preferred \_\_\_\_\_

\_\_\_\_\_ Student Assistant- name \_\_\_\_\_

\_\_\_\_\_ Office volunteer \_\_\_\_\_