

ST. HELEN R.C. SCHOOL – REGISTRATION FORM

2008 – 2009

3 YEAR OLD PROGRAM

Date: _____

Parishioner of St. Helen: Yes No

Registration #: _____

Religion: _____

Registration Fee Paid: _____

Gender: Male Female

Entering Grade: _____

Date of Birth: _____

Child's Name: _____
(Last) (First) (Middle)

Address: _____

Home Phone #: _____ **Father's Cell #:** _____ **Mother's Cell #:** _____

Father's Name: _____
(Last) (First)

Father's Address: _____

Mother's Name: _____
(Last) (First) (Maiden)

Mother's Address: _____

Emergency Contact:

Name: _____

Address: _____

Phone #: _____

Baptismal Certificate **Baptismal Church:** _____

(Location)

Birth Certificate

Immunization Records

<u>Please Check One:</u>	8:30 AM – 12:30 PM	3 Days	_____	\$
	8:30 AM – 2:00 PM	3 Days	_____	\$
	8:30 AM – 12:30 PM	2 Days	_____	\$
	8:30 AM – 2:00 PM	2 Days	_____	\$