St. Helena PSR Registration Form

Student Information

First Name_____ MI_____ Last Name _____Gender_____

Home Address: _____
Street City Zip

School Child Attends_____

Date of Birth: _____Age:_____ Grade: 2018-19 School Year

Church of Baptism_____ Received Form_____ Date of Baptism_____

Church of 1st Communion_____ Received Form _____ Date of 1st Communion _____

Parent/Guardian Information

Father_____
First Name Last Name Phone/Carrier

Email _____ Catholic? Yes/No

Mother_____
First Name Maiden Name Phone/Carrier

Email _____ Catholic? Yes/No

Other Necessary Information

My child has the following special needs: _____

My child has the following allergies: _____

In case of emergency, and we can't reach you at the numbers you provided, who should we call?

Name: _____Relationship _____Phone/Carrier: _____

I GIVE PERMISSION ONLY TO THESE PEOPLE TO PICK UP MY CHILD

Name: _____Relationship: _____ Phone/Carrier: _____

Name: _____Relationship: _____ Phone/Carrier: _____

Name: _____Relationship: _____ Phone/Carrier: _____

By signing this form you give us permission to use your child's image in photographs that may be used for media outlets. X. _____

Fees

Total Cost Per Child	$90
St. Helena Discount	$35
Fee Per Child	**$55**

Homeschooling

Total Cost Per Child	$115
St. Helena Discount	$40
Fee Per Child	**$75**

Additional Fees

Sacramental Class	$25
Late Fee Per Child:	$10

ANY OTHER NOTES: _____

2018-19 Grade:_____ 2019-20 Grade: ___	Grade 1	Grade 2 1ST Communion	Grade 3	Grade4	Grade 5
Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11 Confirmation