



ST HELENA'S CATHOLIC CHURCH
 950 Grove Avenue, Edison, NJ 08820

Rev. Anthony M. Sirianni, Pastor
Ms. Lynne Soltys, DRE

OFFICE OF CHILDREN'S FAITH FORMATION ~ 732.549.4660

www.sthelenaedison.org

REGISTRATION 2017-2018 Must Reregister by July 1 st!

Fall 2017-20187

New Students: Include baptismal certificate. **FEE \$90.00**

Returning Students: Include name address, phone number, e-mail and any "new" contact information only. **FEE: \$90 (AFTER JULY 1 -\$125)**

(CHECKS Payable to St. Helena Church)

CHILD INFORMATION:

FIRST NAME:	MIDDLE:	LAST NAME:
Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthplace: (City and State)		
School Attending:	Grade in SEPT.2017:	
Religious Formation Grade:	Assigned to:	
SPECIAL NEEDS/ALLERGIES: (Medical, Disabilities – Learning/Physical)		

PARENT/GUARDIAN INFORMATION:

Mother's Name:	Mother's Maiden Name:
Mother's Religion:	
Father's Name:	
Father's Religion:	
Language Spoken at Home:	
Child lives with: Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>	
Home Address: _____	
City _____	State _____ Zip Code _____
EMAIL ADDRESS: Mother: _____	
Father: _____	
TELEPHONE NUMBERS: HOME No: _____	
Father: Cell Phone: _____	Work: _____
Mother: Cell Phone: _____	Work: _____
EMERGENCY CONTACT NAME: (Must Not Be Parent)	
EMERGENCY TELEPHONE NUMBER: (Must Not Be Parent)	

SACRAMENTAL INFORMATION:

BAPTISM Date: _____	Church: _____
Address: _____	
FIRST COMMUNION Date: _____	Church: _____
Address: _____	
FIRST PENANCE: Date: _____	Church: _____
Address: _____	
Parent Signature: _____	Date: _____

For Office Use Only

Date of Registration:	Amt. Paid:	Check No:	Cash:
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