

# Saint Henry Catholic Church Faith Formation Registration 2011-2012

*Complete this form, making any necessary changes/additions to our database information and return to the Parish Office with your payment.*

Family Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Family Phone: \_\_\_\_\_  
 Family Email: \_\_\_\_\_

**Please send monthly newsletter and other information via:**

- \_\_\_ Email  
 \_\_\_ Church Mailbox # \_\_\_\_\_  
 \_\_\_ Sent home with my child from class  
 \_\_\_ US Mail

**PARENT/GUARDIAN INFORMATION**

**Name** \_\_\_\_\_  
**Personal Email** \_\_\_\_\_  
**Cell/Work Phone** \_\_\_\_\_  
**Name** \_\_\_\_\_  
**Personal Email** \_\_\_\_\_  
**Cell/Work Phone** \_\_\_\_\_

For copies of faith formation mailings to be sent to a non-custodial parent, please provide:

Name \_\_\_\_\_  
 \_\_\_\_\_  
 Street City State, Zip

Student Information	Child 1			Child 2			Child 3			Child 4			Child 5		
First Name															
Last Name (if different from family)															
Gender															
Grade in 2011-2012															
School															
Special Needs <small>such as allergies, physical handicaps, IEP, learning disability, behavior concerns</small>															
SACRAMENTAL INFORMATION	Bapt	Each	Recon	Bapt	Each	Recon	Bapt	Each	Recon	Bapt	Each	Recon	Bapt	Each	Recon
SACRAMENTS REC'D (YES/NO)															

**No Contact List**  
 Please inform us if there is any person(s) who legally is not to have contact with your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE ONLY**

ID# \_\_\_\_\_

**\$35 per student;**  
**\$100 max per family**

Total Due: \_\_\_\_\_  
 -Scrip Credit: \_\_\_\_\_  
 Amount Due: \_\_\_\_\_

**Payment:**  
 \_\_\_ Cash  
 \_\_\_ Check # \_\_\_\_\_

\_\_\_ **Yes, I would be interested in helping with the Faith Formation Program. Please contact me at**